A 45-year-old female presents to the ER with sudden onset of severe epigastric pain that woke her from sleep. Shortly after, she began vomiting. She denies fevers. 30 minutes after presenting to the ER, her pain resolves abruptly. Initial workup reveals the following:

BP: 125/75, pulse 89 bpm, respirations 16/min, temperature 97.9F
WBC: 7.2, Hgb 14.1 g/dl, platelets, 256,000/ul
AST: 28 U/L, ALT 26 U/L, Total bilirubin, 0.8 mg/dl, alkaline phosphatase 130 IU/L

Right upper quadrant ultrasound: Numerous gallstones in the gallbladder, common bile duct 6 mm in diameter, no CBD stone visualized.

What is the best course of management for this patient?

A. ERCP prior to laparoscopic cholecystectomy  
B. Laparoscopic cholecystectomy  
C. Magnetic resonance cholangiopancreatography  
D. Observation

**Answer: B**  
This patient presents with classic episodic biliary pain. Based on criteria she is at low risk for choledocholithiasis and thus, a reasonable approach is to proceed to cholecystectomy without further preoperative testing. ERCP prior to cholecystectomy is reserved for patients with strong predictors and a high likelihood of choledocholithiasis. Observation is not appropriate in this patient due to the risk of recurrent choledocholithiasis so as to avoid potential complications such as pancreatitis.