

**QUESTION**  
 A 65-year-old male patient with a long history of hypertension and a recent diagnosis of type 2 diabetes mellitus is being treated with lisinopril and metformin. He reports feeling increasingly fatigued and has noticed some swelling in his lower extremities. His blood pressure is 150/90 mmHg, heart rate is 78 bpm, and oxygen saturation is 96% on room air. Physical examination reveals bilateral lower extremity edema and a clear lung field. Laboratory tests show a serum sodium of 132 mEq/L, potassium of 3.8 mEq/L, and a creatinine of 1.2 mg/dL. What is the most likely cause of his symptoms?

**ANSWER**  
 The most likely cause of the patient's symptoms is fluid retention due to the combination of his hypertension and the use of lisinopril. Lisinopril, an ACE inhibitor, can cause peripheral edema, which is often more pronounced in the lower extremities. This is a common side effect of ACE inhibitors and is not necessarily related to the patient's hypertension or diabetes. The patient's symptoms of fatigue and swelling, along with the physical findings of lower extremity edema, are consistent with this side effect.

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## PRACTICE QUESTIONS



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