

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 has been experiencing increasing fatigue and weakness over the past few weeks. His blood pressure is well-controlled, and his blood glucose levels are stable. The patient is concerned about his symptoms and is seeking further evaluation. The physician orders a complete blood count (CBC) and a comprehensive metabolic panel (CMP). The CBC shows a hemoglobin level of 10 g/dL and a hematocrit of 30%. The CMP shows a serum ferritin level of 100 ng/mL, a serum iron level of 100 µg/dL, and a total iron-binding capacity (TIBC) of 300 µg/dL. The patient's physician is considering the possibility of iron deficiency anemia.

Parameter	Value
Hemoglobin (Hb)	10 g/dL
Hematocrit (Hct)	30%
Serum Ferritin	100 ng/mL
Serum Iron	100 µg/dL
Total Iron-Binding Capacity (TIBC)	300 µg/dL

Which of the following is the most likely cause of the patient's symptoms?

ANSWER

The patient's symptoms of fatigue and weakness, along with the laboratory findings of a low hemoglobin level (10 g/dL) and a low hematocrit (30%), are consistent with iron deficiency anemia. The serum ferritin level of 100 ng/mL is within the normal range, but the serum iron level of 100 µg/dL is low, and the TIBC of 300 µg/dL is high, which is characteristic of iron deficiency. The patient's long history of hypertension and recent diagnosis of type 2 diabetes mellitus, along with his treatment with lisinopril and metformin, do not appear to be directly related to his symptoms. The most likely cause of the patient's symptoms is iron deficiency anemia.

Which of the following is the most likely cause of the patient's symptoms?