

### QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the clinic with a 2-week history of increasing fatigue and weakness. He reports that he has lost about 10 pounds (4.5 kg) over this period. He has no chest pain, shortness of breath, or changes in bowel habits. He has been taking lisinopril 10 mg daily and atorvastatin 20 mg daily. His last physical examination was 6 months ago, when he was noted to have a normal physical examination. He has no family history of cancer. He is a former smoker (quit 10 years ago) and drinks alcohol occasionally. He has no other significant medical history.

Exam	Findings	Interpretation
General	Weight loss, fatigue	Chronic illness
HEENT	Normal	No acute pathology
Cardiovascular	Normal	No acute pathology
Respiratory	Normal	No acute pathology
Abdominal	Normal	No acute pathology
Genitourinary	Normal	No acute pathology
Neurological	Normal	No acute pathology
Skin	Normal	No acute pathology

**LABORATORY DATA:**  
Hemoglobin: 10 g/dL  
Hematocrit: 30%  
Mean corpuscular volume: 85 fL  
Reticulocyte count: 0.5%  
Total iron-binding capacity: 450 µg/dL  
Serum ferritin: 100 ng/mL  
Erythropoietin: 15 U/mL

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**ANSWER:**  
The patient's symptoms and laboratory findings are consistent with iron deficiency anemia. The most likely cause of this anemia is chronic blood loss, which is most commonly due to gastrointestinal bleeding. The patient's weight loss and fatigue are also consistent with iron deficiency anemia. The laboratory findings show a microcytic anemia with a low hemoglobin level, a low hematocrit, and a low mean corpuscular volume. The reticulocyte count is low, which is consistent with iron deficiency anemia. The total iron-binding capacity is high, and the serum ferritin is low, which are also consistent with iron deficiency anemia. The erythropoietin level is low, which is also consistent with iron deficiency anemia.