

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 has no other significant medical history and is on no other medications. Physical examination is unremarkable. Laboratory tests show a hemoglobin of 10 g/dL, hematocrit of 30%, and a reticulocyte count of 1%. The patient's renal function is normal. The most likely cause of the patient's symptoms is:

- A. Iron deficiency anemia
- B. Vitamin B12 deficiency
- C. Folate deficiency
- D. Hemolytic anemia
- E. Acute leukemia

ANSWER: A

EXPLANATION

The patient's symptoms of fatigue and weakness, along with the laboratory findings of a hemoglobin of 10 g/dL, hematocrit of 30%, and a reticulocyte count of 1%, are consistent with iron deficiency anemia. The patient's normal renal function and stable blood glucose levels make other causes of anemia, such as acute leukemia or hemolytic anemia, less likely. The patient's long history of hypertension and use of lisinopril do not typically cause anemia. The patient's recent diagnosis of type 2 diabetes mellitus and use of metformin also do not typically cause anemia. The patient's normal physical examination and laboratory tests further support the diagnosis of iron deficiency anemia.

ANSWER: A