

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, weight loss, and intermittent fevers. He reports that the fevers occur in the late afternoon and are accompanied by night sweats. He has no cough, hemoptysis, or chest pain. He has no recent travel, sick contacts, or antibiotic use. He is on lisinopril and atorvastatin. Physical examination shows a temperature of 38.2°C, heart rate of 98 bpm, and respiratory rate of 18. There are no murmurs, rales, or crackles. Laboratory studies show hemoglobin of 12 g/dL, hematocrit of 36%, and leukocyte count of 10,000/mm³ with a normal differential. Erythrocyte sedimentation rate is 45 mm/h, and C-reactive protein is 12 mg/L. Chest X-ray is normal. Urinalysis is unremarkable. The patient's symptoms and laboratory findings are most consistent with which of the following conditions?

- A. Tuberculosis
- B. Systemic lupus erythematosus
- C. Rheumatoid arthritis
- D. Infective endocarditis
- E. Multiple myeloma

ANSWER: B

EXPLANATION

The patient's symptoms and laboratory findings are most consistent with systemic lupus erythematosus (SLE). SLE is a chronic autoimmune disease characterized by a wide range of clinical manifestations, including fatigue, weight loss, and intermittent fevers. The fevers are often accompanied by night sweats. The patient's laboratory studies show an elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), which are markers of inflammation. The chest X-ray is normal, and there are no signs of infection or malignancy.

The patient's symptoms and laboratory findings are not consistent with the other options. Tuberculosis (A) typically presents with a chronic cough, hemoptysis, and chest pain. Systemic lupus erythematosus (B) is a chronic autoimmune disease characterized by a wide range of clinical manifestations, including fatigue, weight loss, and intermittent fevers. Rheumatoid arthritis (C) typically presents with joint pain and swelling. Infective endocarditis (D) typically presents with fever, heart murmur, and embolic phenomena. Multiple myeloma (E) typically presents with bone pain, anemia, and hypercalcemia.