

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, a hematocrit of 30%, and a ferritin level of 100 ng/mL. The patient's diet is generally healthy, but he has been eating less recently due to his symptoms.

Parameter	Value	Reference Range
Hemoglobin	10 g/dL	13.5-16.5 g/dL
Hematocrit	30%	37-47%
Ferritin	100 ng/mL	50-200 ng/mL
Iron	150 µg/dL	50-150 µg/dL
TIBC	300 µg/dL	250-350 µg/dL
Transferrin Saturation	50%	20-50%
ESR	15 mm/hr	0-20 mm/hr
CRP	0.5 mg/dL	<0.5 mg/dL
Renal Function (Creatinine)	1.2 mg/dL	0.7-1.3 mg/dL
Liver Function (ALT)	25 U/L	0-40 U/L
Liver Function (AST)	20 U/L	0-40 U/L
Liver Function (ALP)	100 U/L	40-120 U/L
Liver Function (Bilirubin)	1.0 mg/dL	0.1-1.2 mg/dL

What is the most likely cause of the patient's symptoms?

ANSWER



The patient's symptoms are most likely due to iron deficiency anemia. The patient's hemoglobin and hematocrit are low, and his ferritin level is also low, indicating a deficiency of iron. The patient's diet is generally healthy, but he has been eating less recently due to his symptoms, which could lead to iron deficiency. The patient's blood pressure is well-controlled, and his blood glucose levels are stable, so his symptoms are not likely due to his hypertension or diabetes. The patient's physical examination is unremarkable, and his laboratory tests show no other significant abnormalities.

The patient's symptoms are most likely due to iron deficiency anemia.