

QUESTION

A 65-year-old male patient with a long history of hypertension and diabetes mellitus presents to the clinic with a 2-week history of increasing fatigue, weight loss, and intermittent fevers. He reports that he has lost approximately 15 pounds (7 kg) and has been feeling increasingly tired. He also notices some night sweats and has been coughing up small amounts of blood. His medical history is significant for hypertension, diabetes mellitus, and a recent diagnosis of chronic kidney disease (stage 3). He is currently on lisinopril, metformin, and folic acid. He has no smoking history and consumes alcohol occasionally.

On physical examination, the patient appears ill and is tachycardic with a heart rate of 100 beats per minute. His blood pressure is 140/90 mmHg. There is no jugular venous distention. Lung examination reveals bilateral crackles at the bases. The abdomen is soft and non-tender. There is no lymphadenopathy. The patient's hemoglobin is 10 g/dL, hematocrit is 30%, and hemoglobin A1c is 8.5%. His serum ferritin is 100 ng/mL, and his serum iron is 150 µg/dL. His erythrocyte sedimentation rate (ESR) is 45 mm/h, and his C-reactive protein (CRP) is 10 mg/L. His renal function is stable with a serum creatinine of 1.8 mg/dL and an estimated glomerular filtration rate (eGFR) of 30 mL/min/1.73 m².

Which of the following is the most likely diagnosis?

ANSWER

The most likely diagnosis is **infectious etiology**. The patient's symptoms, including fatigue, weight loss, and intermittent fevers, along with physical findings of tachycardia and crackles, are consistent with a systemic infection. The laboratory findings, including anemia, elevated ESR, and elevated CRP, further support this diagnosis. The patient's medical history and current medications do not suggest a primary hematologic or endocrine disorder. The most common infectious causes of such symptoms in this population are tuberculosis and endocarditis. The patient's coughing up of small amounts of blood is particularly concerning for tuberculosis. Further diagnostic workup, including a chest X-ray and sputum studies, is warranted.

ANSWER: Infectious etiology