

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 symptoms are worse in the morning and have not responded to over-the-counter pain relievers. He has no cough, hemoptysis, or chest pain. He is currently on lisinopril and atorvastatin.

ANSWER
 The patient's symptoms are suggestive of a systemic illness. The combination of chronic fatigue, weight loss, and intermittent fevers, particularly in the morning, is characteristic of a chronic inflammatory condition. The absence of respiratory symptoms and the lack of response to analgesics further support this. The most likely diagnosis is a systemic vasculitis, such as giant cell arteritis (GCA) or Takayasu arteritis, given the patient's age and risk factors.

System	Findings	Significance
General	Chronic fatigue, weight loss, intermittent fevers	Systemic inflammatory response
Cardiovascular	Long history of hypertension	Chronic vascular disease
Respiratory	No cough, hemoptysis, or chest pain	Excludes primary pulmonary pathology
Medication	Lisinopril, atorvastatin	Chronic management of hypertension and hyperlipidemia

KEY POINTS

- 1. Systemic symptoms such as chronic fatigue, weight loss, and intermittent fevers should prompt consideration of a systemic inflammatory condition.
- 2. The absence of respiratory symptoms and lack of response to analgesics are important clues in the diagnosis.
- 3. In older patients, conditions like giant cell arteritis and Takayasu arteritis should be high on the differential diagnosis.
- 4. A thorough history and physical examination, along with appropriate laboratory and imaging studies, are essential for diagnosis.