

QUESTION

A 45-year-old woman with a 10-year history of rheumatoid arthritis (RA) is being treated with chronic low-dose prednisone (5 mg daily). She has been experiencing increasing fatigue and weakness over the past few weeks. Her most recent laboratory tests are shown below.

Test	Result
Complete blood count (CBC)	Hemoglobin 11.5 g/dL, Hematocrit 35.5%, Platelets 150,000/mm ³
Electrolytes	Sodium 135 mEq/L, Potassium 3.8 mEq/L, Calcium 8.8 mg/dL
Renal function tests	BUN 12 mg/dL, Creatinine 1.1 mg/dL
Liver function tests	ALT 15 U/L, AST 18 U/L, ALP 100 U/L, Bilirubin 0.8 mg/dL
Iron studies	Serum iron 150 µg/dL, TIBC 350 µg/dL, Transferrin saturation 43%
Other	ESR 35 mm/hr, Ferritin 100 µg/L

ANSWER

The patient's laboratory findings are consistent with iron deficiency anemia. The hemoglobin and hematocrit are low, and the iron studies show a low serum iron level, a high total iron-binding capacity (TIBC), and a low transferrin saturation. The ferritin level is also low, indicating depleted iron stores. The patient's symptoms of fatigue and weakness are consistent with iron deficiency anemia. The most likely cause of this anemia is chronic blood loss, which is common in patients with RA. The patient's low-dose prednisone therapy is unlikely to be the cause of her anemia.

DISCUSSION

Iron deficiency anemia is a common cause of fatigue and weakness in patients with RA. The anemia is typically microcytic and hypochromic, and is associated with low serum iron, high TIBC, and low transferrin saturation. The ferritin level is also low, indicating depleted iron stores. The patient's symptoms of fatigue and weakness are consistent with iron deficiency anemia. The most likely cause of this anemia is chronic blood loss, which is common in patients with RA. The patient's low-dose prednisone therapy is unlikely to be the cause of her anemia.

QUESTION



The patient's symptoms of numbness and tingling in her hands are consistent with carpal tunnel syndrome (CTS). CTS is a condition caused by the compression of the median nerve as it passes through the carpal tunnel in the wrist. The patient's long history of RA is a risk factor for CTS, as the inflammation associated with RA can lead to the formation of bony spurs and soft tissue thickening, which can narrow the carpal tunnel and compress the median nerve. The patient's symptoms of numbness and tingling in her hands are typical of CTS. The most likely cause of her CTS is the inflammation associated with her RA. The patient's low-dose prednisone therapy is unlikely to be the cause of her CTS.