

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 he has been unable to complete his usual activities of daily living. He has no cough, hemoptysis, or chest pain. He has no recent travel history and no contact with anyone who has been ill. He is currently on lisinopril and atorvastatin.

ANSWER
 The patient's symptoms are suggestive of a systemic infectious process. The most common cause of such symptoms in an immunocompetent adult is tuberculosis. Other causes include fungal infections, parasitic infections, and certain viral infections. The patient's long history of hypertension and hyperlipidemia, along with his current medications, does not suggest a primary immunodeficiency or a non-infectious systemic disease as the cause of his symptoms.

System	Findings	Significance
General	Fatigue, weight loss, intermittent fevers	Suggestive of systemic illness
Respiratory	No cough, hemoptysis, or chest pain	Does not rule out pulmonary tuberculosis
Cardiovascular	Long history of hypertension, on lisinopril	Chronic condition, not likely cause of symptoms
Endocrine	Hyperlipidemia, on atorvastatin	Chronic condition, not likely cause of symptoms
Immunology	No recent travel, no contact with ill individuals	Does not suggest acute infectious source

KEY POINTS

Systemic symptoms such as fatigue, weight loss, and fevers are common in infectious diseases. In an immunocompetent adult, tuberculosis should be considered as a primary differential diagnosis. A thorough history and physical examination, along with appropriate laboratory and imaging studies, are essential for diagnosis.

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