

QUESTION

A 65-year-old man with a long history of alcohol consumption presents with a 2-week history of weight loss, weakness, and decreased appetite. He has been drinking approximately 40-50g of alcohol daily for the past 20 years. His medical history is notable for hypertension, type 2 diabetes, and chronic kidney disease (stage 3). He has no known allergies. His current medications include lisinopril, metformin, and folic acid. He has been abstinent from alcohol for the past 2 weeks. Physical examination reveals a thin, frail man with a BMI of 18.5. There is no jaundice, no splenomegaly, and no ascites. Laboratory studies show a hemoglobin of 10.5 g/dL, a hematocrit of 32%, and a mean corpuscular volume of 98 fL. The white blood cell count is 12,000/mm³, with a neutrophilic leukocytosis. The platelet count is 150,000/mm³. The liver function tests are normal. The renal function tests show a serum creatinine of 1.8 mg/dL. The ferritin is 100 ng/mL, and the transferrin saturation is 20%. The reticulocyte count is 10%. The patient's alcohol consumption is most likely the cause of his anemia.

ANSWER

The patient's anemia is most likely due to alcohol-induced folate deficiency. Alcohol consumption can lead to folate deficiency, which in turn causes a macrocytic anemia. The patient's clinical presentation, including weight loss, weakness, and decreased appetite, is consistent with folate deficiency. The laboratory findings, including a macrocytic anemia with a mean corpuscular volume of 98 fL and a reticulocyte count of 10%, are also consistent with folate deficiency. The patient's long history of alcohol consumption and his current abstinent status further support this diagnosis. The patient's other medical conditions and medications are unlikely to be the cause of his anemia.

DISCUSSION

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