

QUESTION

A 50-year-old man with a 10-year history of type 2 diabetes mellitus presents to his primary care physician with a 2-week history of increasing fatigue, weight loss, and decreased appetite. He reports feeling "run down" and has noticed that his clothes are getting looser. He has no recent changes in his diabetes medications and has been adherent to his diet and exercise regimen.

On physical examination, he appears thin and well-appearing. His vital signs are stable. There is no tachycardia, tachypnea, or rales. The abdomen is soft and non-tender. There is no peripheral edema. His blood glucose levels are well-controlled, with fasting glucose around 100 mg/dL and HbA1c at 7.5%. The patient's weight has decreased by approximately 15 pounds over the last 6 months.

Initial laboratory workup shows a hemoglobin of 11 g/dL, hematocrit of 33%, and hemoglobin A1c of 7.5%. The patient's thyroid-stimulating hormone (TSH) is elevated at 15 mIU/L, and his free thyroxine (T4) is low at 0.8 ng/dL. His prolactin level is 150 ng/mL, and his growth hormone-releasing hormone (GHRH) level is 10 ng/mL. His prolactin level is significantly elevated, and his GHRH level is also elevated. The patient's prolactin level is significantly elevated, and his GHRH level is also elevated.

Which of the following is the most likely cause of the patient's symptoms?

- A. Hypothyroidism
- B. Hyperthyroidism
- C. Growth hormone deficiency
- D. Prolactinoma

ANSWER

The correct answer is D. Prolactinoma. The patient's symptoms of fatigue, weight loss, and decreased appetite, along with the physical findings of thinness and weight loss, are consistent with a prolactinoma. The elevated prolactin level and elevated GHRH level further support this diagnosis. The patient's blood glucose levels are well-controlled, and his HbA1c is within the target range, making hypothyroidism or hyperthyroidism less likely. The patient's prolactin level is significantly elevated, and his GHRH level is also elevated, which is characteristic of a prolactinoma.

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