

QUESTION
A 65-year-old male with a long history of hypertension and hyperlipidemia presents with a 3-week history of progressive weakness and fatigue. He reports difficulty climbing stairs and lifting objects. His symptoms are worse in the morning and improve slightly throughout the day. He has no weight loss, night sweats, or fevers. His medical history is significant for a myocardial infarction 10 years ago and a stroke 5 years ago. He is on lisinopril, atorvastatin, and aspirin. He has no known drug allergies. He is a retired construction worker and has no tobacco or alcohol use. His physical examination is unremarkable. Laboratory studies show a hemoglobin of 12.5 g/dL, hematocrit of 38%, and hemoglobin electrophoresis showing 95% HbA1c. His serum iron is 450 µg/dL, total iron-binding capacity is 2500 µg/dL, and transferrin saturation is 18%. His serum ferritin is 1000 µg/L. His erythrocyte sedimentation rate is 15 mm/hr, and his C-reactive protein is 0.5 mg/dL. His renal function is normal.

ANSWER
The patient's symptoms of progressive weakness and fatigue, along with the laboratory findings of a normal hemoglobin and hematocrit, suggest a diagnosis of iron deficiency anemia. The low transferrin saturation and elevated serum ferritin level are consistent with this diagnosis. The patient's history of hypertension and hyperlipidemia, along with his use of lisinopril and atorvastatin, does not explain his symptoms. The patient's physical examination is unremarkable, and his renal function is normal, ruling out chronic kidney disease as a cause of his symptoms.

DISCUSSION
Iron deficiency anemia is a common cause of weakness and fatigue in older adults. It is often associated with a normal hemoglobin and hematocrit, which can make the diagnosis challenging. The low transferrin saturation and elevated serum ferritin level are key findings in this case. The patient's symptoms are worse in the morning and improve slightly throughout the day, which is a common pattern in iron deficiency anemia. The patient's history of hypertension and hyperlipidemia, along with his use of lisinopril and atorvastatin, does not explain his symptoms. The patient's physical examination is unremarkable, and his renal function is normal, ruling out chronic kidney disease as a cause of his symptoms.

ANSWERS

1. Iron deficiency anemia
The patient's symptoms of progressive weakness and fatigue, along with the laboratory findings of a normal hemoglobin and hematocrit, suggest a diagnosis of iron deficiency anemia. The low transferrin saturation and elevated serum ferritin level are consistent with this diagnosis. The patient's history of hypertension and hyperlipidemia, along with his use of lisinopril and atorvastatin, does not explain his symptoms. The patient's physical examination is unremarkable, and his renal function is normal, ruling out chronic kidney disease as a cause of his symptoms.