

**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 the symptoms are worse in the morning and have not responded to over-the-counter pain relievers. He has no cough, chest pain, or shortness of breath. His medical history is significant for type 2 diabetes mellitus, chronic kidney disease (stage 3), and a recent diagnosis of rheumatoid arthritis. He is currently on lisinopril, atorvastatin, metformin, and prednisone. His physical examination is unremarkable. Laboratory studies show a hemoglobin of 10.5 g/dL, a hemoglobin A1c of 7.8%, and a serum ferritin of 150 ng/mL. The patient's most likely diagnosis is:

- A) Anemia of chronic disease
- B) Iron deficiency anemia
- C) Hemolytic anemia
- D) Vitamin B12 deficiency
- E) Folate deficiency

**ANSWER**  
 The correct answer is A) Anemia of chronic disease. The patient's symptoms of fatigue, weight loss, and intermittent fevers, along with his laboratory findings of a hemoglobin of 10.5 g/dL and a serum ferritin of 150 ng/mL, are consistent with anemia of chronic disease. This condition is a common cause of anemia in patients with chronic inflammatory conditions, such as rheumatoid arthritis. The anemia is typically normochromic and normocytic, and is associated with a low serum ferritin level. The patient's physical examination is unremarkable, and there are no signs of iron deficiency, hemolysis, or vitamin deficiencies.

## ANSWER KEY

The patient's symptoms of fatigue, weight loss, and intermittent fevers, along with his laboratory findings of a hemoglobin of 10.5 g/dL and a serum ferritin of 150 ng/mL, are consistent with anemia of chronic disease. This condition is a common cause of anemia in patients with chronic inflammatory conditions, such as rheumatoid arthritis. The anemia is typically normochromic and normocytic, and is associated with a low serum ferritin level. The patient's physical examination is unremarkable, and there are no signs of iron deficiency, hemolysis, or vitamin deficiencies.