

QUESTION

QUESTION A 65-year-old male with a long history of hypertension and hyperlipidemia presents to the emergency department with a 2-day history of severe, tearing chest pain that radiates to his left arm. He reports a sudden onset of symptoms while watching television. He has no known allergies and is currently on lisinopril and atorvastatin. His vital signs are stable, and physical examination is unremarkable. An electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. A chest X-ray is normal. The patient's medical history is significant for a recent fall from a ladder 2 weeks ago, which resulted in a fracture of his right femur. He is currently on pain medication and is unable to walk without assistance.

ANSWER The patient's presentation is consistent with a non-ST-elevation myocardial infarction (NSTEMI). The tearing chest pain that radiates to the left arm, along with the characteristic ECG findings of ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, are highly suggestive of this diagnosis. The patient's history of hypertension and hyperlipidemia further supports the likelihood of atherosclerotic disease. The recent fall and femoral fracture are likely unrelated to the current cardiac event.

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