

QUESTION

1. A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a sudden onset of severe, crushing chest pain that radiates to the left arm and jaw. The pain is not relieved by rest or nitroglycerin. The patient has a history of smoking 20 cigarettes per day for 30 years and has a family history of premature coronary artery disease. The patient is currently on amlodipine and atorvastatin. The physical examination reveals tachycardia, elevated jugular venous pressure, and clear lung fields. The electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. The patient's blood pressure is 180/100 mmHg, heart rate is 110 bpm, and oxygen saturation is 95% on room air.

Parameter	Value
Age	65 years
Sex	Male
Chief Complaint	Acute chest pain
History of Present Illness	Sudden onset of severe, crushing chest pain radiating to the left arm and jaw, not relieved by rest or nitroglycerin.
Medical History	Hypertension, hyperlipidemia, smoking (20 cigarettes per day for 30 years), family history of premature coronary artery disease.
Current Medications	Amlodipine, atorvastatin.
Vital Signs	Blood pressure: 180/100 mmHg, Heart rate: 110 bpm, Oxygen saturation: 95% on room air.
Physical Examination	Tachycardia, elevated jugular venous pressure, clear lung fields.
ECG Findings	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3.

2. A 45-year-old female patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a sudden onset of severe, crushing chest pain that radiates to the left arm and jaw. The pain is not relieved by rest or nitroglycerin. The patient has a history of smoking 20 cigarettes per day for 30 years and has a family history of premature coronary artery disease. The patient is currently on amlodipine and atorvastatin. The physical examination reveals tachycardia, elevated jugular venous pressure, and clear lung fields. The electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. The patient's blood pressure is 180/100 mmHg, heart rate is 110 bpm, and oxygen saturation is 95% on room air.

ANSWER



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