

QUESTION

A 65-year-old male patient 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 and back. The pain is described as a constant, sharp, tearing sensation. He has a history of smoking 20 cigarettes per day for 30 years and has been on antihypertensive therapy for 15 years. His current medications include lisinopril and atorvastatin. He has no known allergies. On physical examination, he is in moderate distress, with a heart rate of 100 bpm, blood pressure of 180/100 mmHg, and oxygen saturation of 92% on room air. There are no murmurs, rubs, or gallops. Lung exam is clear. ECG shows sinus tachycardia with ST-segment depression in leads V1-V4. Laboratory studies show a troponin I level of 0.15 ng/mL and a D-dimer level of 1.2 µg/mL. A chest X-ray is unremarkable. The patient is diagnosed with acute aortic dissection.

Question	Answer	Explanation
1. What is the most likely diagnosis?	Acute aortic dissection	The patient's symptoms of tearing chest pain radiating to the arm and back, along with a blood pressure of 180/100 mmHg and ST-segment depression on ECG, are highly suggestive of acute aortic dissection.
2. What is the most important risk factor for this condition?	Chronic hypertension	Chronic hypertension is the most common risk factor for aortic dissection, leading to degenerative changes in the aortic wall.
3. What is the most appropriate initial management?	Control of blood pressure	Immediate control of blood pressure is crucial to reduce the shear stress on the aortic wall and prevent further dissection.
4. What is the most appropriate imaging study to confirm the diagnosis?	Transesophageal echocardiography (TEE)	TEE is the most sensitive and specific non-invasive imaging modality for diagnosing aortic dissection.
5. What is the most appropriate long-term management?	Medical management with beta-blockers	Medical management with beta-blockers is the first-line treatment for aortic dissection to reduce the heart rate and blood pressure.

ANSWER: 1. Acute aortic dissection, 2. Chronic hypertension, 3. Control of blood pressure, 4. Transesophageal echocardiography (TEE), 5. Medical management with beta-blockers

QUESTION



Letter	Organ
A	Esophagus
B	Stomach
C	Small intestine
D	Large intestine
E	Liver
F	Gallbladder
G	Pancreas
H	Spleen
I	Diaphragm
J	Abdominal cavity

ANSWER: A. Esophagus, B. Stomach, C. Small intestine, D. Large intestine, E. Liver, F. Gallbladder, G. Pancreas, H. Spleen, I. Diaphragm, J. Abdominal cavity