

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The pain is described as a heavy, crushing sensation in the center of the chest, lasting for approximately 30 minutes. The patient has a past medical history of coronary artery disease, diabetes mellitus, and chronic kidney disease. He is currently on aspirin, beta-blockers, and statins. The patient's vital signs are stable, and there are no signs of acute pulmonary embolism or aortic dissection. The electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1 and V2. The patient's troponin T level is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

Parameter	Value
ECG	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1 and V2
Troponin T	Elevated
Vital Signs	Stable
Signs of PE or AD	None

What is the most appropriate management for this patient?

ANSWER



The most appropriate management for this patient is to administer aspirin, a P2Y12 inhibitor (such as clopidogrel or ticagrelor), and a beta-blocker. The patient should also receive a statin and a low-dose aspirin. The patient should be transferred to a cardiac catheterization laboratory for percutaneous coronary intervention (PCI) if the patient is high-risk for thrombotic complications. The patient should also receive a low-dose aspirin and a beta-blocker. The patient should also receive a statin and a low-dose aspirin.

What is the most appropriate management for this patient?