

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. 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 a cast and is unable to bear weight on the right leg. The patient's family reports that he has been feeling increasingly fatigued and has lost weight over the past few months. He has a 20-pack-year smoking history and consumes alcohol occasionally. The patient's current medications are lisinopril and atorvastatin. The patient's 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 a cast and is unable to bear weight on the right leg. The patient's family reports that he has been feeling increasingly fatigued and has lost weight over the past few months. He has a 20-pack-year smoking history and consumes alcohol occasionally. The patient's current medications are lisinopril and atorvastatin.

System	Findings
Cardiovascular	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3
Respiratory	Chest X-ray: normal
Musculoskeletal	Right femur fracture (2 weeks old)
Neurological	None
Endocrine	None
Renal	None
Gastrointestinal	None
Genitourinary	None
Other	Weight loss, fatigue

What is the most likely diagnosis?

ANSWER



The patient's symptoms and ECG findings are consistent with a non-ST-elevation myocardial infarction (NSTEMI). The patient's recent fall from a ladder and the resulting fracture of his right femur are likely related to his underlying cardiovascular disease. The patient's weight loss and fatigue over the past few months suggest a chronic condition, such as heart failure or atherosclerosis. The patient's smoking history and occasional alcohol consumption are also risk factors for cardiovascular disease. The patient's current medications, lisinopril and atorvastatin, are used to manage his hypertension and hyperlipidemia, respectively. The patient's vital signs are stable, and physical examination is unremarkable, which is consistent with a NSTEMI. The patient's chest X-ray is normal, which is also consistent with a NSTEMI. The patient's ECG findings, ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, are characteristic of a NSTEMI.

What is the most likely diagnosis?