

QUESTION

A 68-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute-onset chest pain and shortness of breath. The patient reports a tearing sensation in the chest that radiates to the back. Physical examination reveals a blood pressure of 180/110 mmHg in the right arm and 90/60 mmHg in the left arm. The heart rate is 110 bpm, and there are no murmurs, rubs, or gallops. The lungs are clear, and there are no lower-extremity edema. An electrocardiogram (ECG) shows sinus tachycardia with ST-segment depression in leads V1-V4. A chest X-ray is unremarkable. The patient's medical history is significant for aortic aneurysm and aortic dissection. The patient is currently on a beta-blocker and a statin. The patient's family history is significant for aortic dissection in his brother and mother.

ANSWER

The patient's presentation is consistent with aortic dissection. The tearing chest pain that radiates to the back, the blood pressure differential between the arms, and the ST-segment depression in leads V1-V4 are all suggestive of this condition. The patient's history of hypertension and hyperlipidemia, as well as his family history of aortic dissection, further support this diagnosis. The patient's current medications, a beta-blocker and a statin, are appropriate for his underlying conditions. The patient's physical examination and chest X-ray are unremarkable, which is consistent with aortic dissection. The patient's ECG shows sinus tachycardia with ST-segment depression in leads V1-V4, which is also consistent with aortic dissection.

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The diagram illustrates the path of the dissection and the formation of the false lumen. The dissection extends proximally and distally along the length of the aorta. The diagram illustrates the path of the dissection and the formation of the false lumen. The dissection extends proximally and distally along the length of the aorta. The diagram illustrates the path of the dissection and the formation of the false lumen.

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