

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 patient reports a 15-minute episode of severe, crushing chest pain radiating to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and has been on a low-dose aspirin regimen for the past 10 years. His current medications include lisinopril, atorvastatin, and aspirin. 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. The patient's troponin I level is elevated.

ANSWER
 The patient's presentation is consistent with a non-ST-elevation myocardial infarction (NSTEMI). The ECG findings of ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, along with elevated troponin I, support this diagnosis. The patient's history of hypertension, hyperlipidemia, and smoking are significant risk factors for atherosclerotic disease. The patient's current medications, including aspirin, are appropriate for secondary prevention of cardiovascular events.

ANSWERS



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