

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, crushing chest pain. The pain is described as a heavy weight on his chest and is exacerbated by exertion. He has a history of smoking 20 cigarettes per day for 30 years. His medical history is significant for a previous myocardial infarction 10 years ago and aortic aneurysm. He is currently on amlodipine, atorvastatin, and aspirin. On arrival, he is diaphoretic and has a heart rate of 110 bpm, blood pressure of 180/100 mmHg, and oxygen saturation of 92% on 2L oxygen. ECG shows ST-segment elevation in leads II, III, and aVF. Troponin I is elevated at 0.15 ng/mL. The patient is diagnosed with an acute ST-segment elevation myocardial infarction (STEMI).

The patient is taken to the cardiac catheterization laboratory for primary percutaneous coronary intervention (PPCI). The culprit lesion is identified in the proximal anterior descending artery (ADA) and is treated with a drug-eluting stent. The procedure is successful, and the patient is transferred to the coronary care unit. He remains in the hospital for 5 days, during which he receives aspirin, clopidogrel, and a 30-day course of dual antiplatelet therapy. He is discharged on amlodipine, atorvastatin, and aspirin. His chest pain has resolved, and he is asymptomatic.

What is the most appropriate long-term management for this patient?

ANSWER

The most appropriate long-term management for this patient is to continue dual antiplatelet therapy with aspirin and clopidogrel for 12 months. This is because the patient has a high risk of recurrent thrombotic events due to his history of STEMI, aortic aneurysm, and hyperlipidemia. The combination of aspirin and clopidogrel provides superior protection against thrombotic complications compared to aspirin monotherapy. Additionally, the patient should continue to take his other medications, including amlodipine and atorvastatin, to manage his hypertension and hyperlipidemia. Lifestyle modifications, such as smoking cessation and regular exercise, are also crucial for long-term cardiovascular health.