

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. The pain is described as a constant, sharp, tearing sensation. He has a history of smoking 20 cigarettes per day for 30 years and has been on antihypertensive therapy for 15 years. His current medications include lisinopril and atorvastatin. He has no known allergies and is on no other medications. His vital signs are: temperature 37.8°C, heart rate 105 bpm, blood pressure 180/100 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. Physical examination reveals a blood pressure of 180/100 mmHg in the right arm and 160/90 mmHg in the left arm. There is a 3-cm difference in blood pressure between the arms. There are no murmurs, rubs, or gallops. The lungs are clear to auscultation. The abdomen is soft and nontender. The lower extremities are warm and well-perfused. A 12-lead ECG shows sinus tachycardia with ST-segment depression in leads V4-V6. A chest X-ray shows a normal heart size and no pulmonary infiltrates. A CT scan of the chest shows a 1.5-cm aortic dissection involving the descending aorta. The patient is diagnosed with aortic dissection.

QUESTION
Which of the following is the most appropriate initial management for this patient?

ANSWER
A. Intravenous morphine
B. Intravenous beta-blockers
C. Intravenous nitroglycerin
D. Intravenous calcium channel blockers
E. Intravenous aspirin

EXPLANATION

ANSWER



EXPLANATION