

### 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 pain is described as a heavy, crushing sensation in the center of the chest, lasting for approximately 30 minutes. The patient has a past medical history of coronary artery disease, diabetes mellitus, and chronic kidney disease. He is currently on aspirin, beta-blockers, and statins. The patient's vital signs are stable, and there are no signs of acute heart failure or pulmonary embolism. The 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 T level is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

| Parameter                   | Value   |
|-----------------------------|---|
| ECG                         | ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3 |
| Troponin T                  | Elevated  |
| Vital Signs                 | Stable  |
| Signs of Heart Failure      | None  |
| Signs of Pulmonary Embolism | None  |

What is the most appropriate next step in the management of this patient?

### ANSWER



The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI). The patient is currently on aspirin, beta-blockers, and statins. The patient's vital signs are stable, and there are no signs of acute heart failure or pulmonary embolism. The 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 T level is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

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