

QUESTION

A 60-year-old man with a 20-year history of hypertension and a 10-year history of type 2 diabetes mellitus presents to the emergency department with a 2-day history of severe, constant, retrosternal chest pain. The pain is worse when he breathes in and is not relieved by nitroglycerin. He has a 20-pack-year history of smoking and is currently a pack-a-day smoker. He has no other significant medical history and is on lisinopril, metoprolol, and insulin.

On physical examination, he is tachycardic (heart rate 110 beats per minute) and has a blood pressure of 180/100 mm Hg. There is a 3-cm, tender, subcutaneous emphysema over the left lower chest wall. There is no crackles or wheezes on lung auscultation. His oxygen saturation is 92% on 2 L of oxygen. His electrocardiogram shows sinus tachycardia with ST-segment depression in leads V1 through V4. His chest X-ray shows a small pneumothorax on the left side.

Which of the following is the most appropriate next step in management?

A. Administer intravenous morphine	B. Administer intravenous heparin
C. Administer intravenous nitroglycerin	D. Administer intravenous aspirin
E. Administer intravenous beta-blockers	F. Administer intravenous calcium channel blockers
G. Administer intravenous statins	H. Administer intravenous diuretics
I. Administer intravenous antibiotics	J. Administer intravenous anticoagulants

ANSWER: B

DISCUSSION



ANSWER EXPLANATION: The patient has a 2-day history of severe, constant, retrosternal chest pain that is worse when he breathes in and is not relieved by nitroglycerin. He has a 20-pack-year history of smoking and is currently a pack-a-day smoker. He has no other significant medical history and is on lisinopril, metoprolol, and insulin.