

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 pressure in the center of the chest, lasting for approximately 30 minutes. The patient has a history of smoking 20 cigarettes per day for 30 years. He is currently on amlodipine and atorvastatin. His vital signs are: blood pressure 180/100 mmHg, heart rate 110 bpm, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. Physical examination reveals clear lungs, normal heart sounds, and no lower extremity edema. An electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1 and V2. The patient's medical history is significant for hypertension, hyperlipidemia, and a previous myocardial infarction 10 years ago. He has no known allergies and is not taking any other medications.

System	Findings
Cardiovascular	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1 and V2
Respiratory	Clear lungs
Neurological	Normal
Gastrointestinal	Normal
Genitourinary	Normal
Musculoskeletal	Normal
Integumentary	Normal

What is the most likely diagnosis?

ANSWER



The ECG tracing shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1 and V2. This pattern is characteristic of a non-ST-elevation myocardial infarction (NSTEMI).

What is the most likely diagnosis?