

### QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute-onset chest pain and shortness of breath. The patient reports a tearing sensation in the chest that radiates to the back. Physical examination reveals tachypnea and a new murmur. The patient's vital signs are stable. The electrocardiogram (ECG) shows sinus tachycardia. The chest X-ray is unremarkable. The patient is diagnosed with aortic dissection. The medical history includes a recent fall from a ladder and a family history of aortic aneurysms. The patient is currently on a beta-blocker and a statin. The patient's current medications are lisinopril and atorvastatin. The patient is allergic to penicillin. The patient is currently on a beta-blocker and a statin. The patient is allergic to penicillin. The patient is currently on a beta-blocker and a statin. The patient is allergic to penicillin.

System	Findings	Relevant History
Cardiovascular	Tachypnea, new murmur	Long history of hypertension, hyperlipidemia, recent fall from a ladder, family history of aortic aneurysms
Respiratory	Shortness of breath	
Neurological	Tearing sensation in the chest radiating to the back	
Other	Sinus tachycardia on ECG, unremarkable chest X-ray	Current medications: lisinopril, atorvastatin; Allergies: penicillin

ANSWER: Aortic dissection

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