

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 patient reports a 15-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and has been on a low-dose aspirin regimen for several years. His vital signs are stable, and physical examination is unremarkable. An 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 currently on a low-dose aspirin regimen. The patient's medical history is significant for hypertension, hyperlipidemia, and a long history of smoking. The patient's physical examination is unremarkable. The patient's 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.

Question	Answer	Explanation
What is the most likely diagnosis?	Acute coronary syndrome (ACS)	The patient's symptoms and ECG findings are consistent with ACS. The ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, are characteristic of a non-ST-elevation myocardial infarction (NSTEMI).
What is the most appropriate initial management?	Aspirin, nitroglycerin, and beta-blocker	The patient should receive aspirin, nitroglycerin, and a beta-blocker as initial management. Aspirin is a platelet inhibitor, nitroglycerin is a vasodilator, and a beta-blocker is a heart rate and blood pressure reducer.
What is the most appropriate long-term management?	Aspirin, statin, and beta-blocker	The patient should receive aspirin, a statin, and a beta-blocker as long-term management. Aspirin is a platelet inhibitor, a statin is a cholesterol-lowering agent, and a beta-blocker is a heart rate and blood pressure reducer.

ANSWER: A. Acute coronary syndrome (ACS)

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