

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 is currently on amlodipine and atorvastatin. The patient's 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 I level is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

ANSWER
 The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI). The ECG findings of ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3, along with the elevated troponin I level, are consistent with this diagnosis. The patient's symptoms of severe, crushing chest pain radiating to the left arm and jaw, along with his history of hypertension and hyperlipidemia, further support this diagnosis.

NSTEMI

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 is currently on amlodipine and atorvastatin. The patient's 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 I level is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).