

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 treatment for hypertension and hyperlipidemia for several years. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The patient's vital signs are stable, and there are no signs of heart failure or pulmonary embolism. The patient's 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 chest X-ray is normal. The patient's serum troponin I is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

The patient is treated with aspirin, clopidogrel, and a P2Y12 inhibitor. The patient is also treated with a beta-blocker, a calcium channel blocker, and a statin. The patient is discharged on a beta-blocker, a calcium channel blocker, and a statin. The patient is followed up in the outpatient clinic. The patient's symptoms have resolved, and there are no signs of heart failure or pulmonary embolism. 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 serum troponin I is elevated.

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