

QUESTION

1. A 60-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 sharp, tearing pain that radiates to his back. His vital signs are stable, and physical examination is unremarkable. An electrocardiogram (ECG) shows sinus tachycardia. Laboratory tests reveal elevated troponin levels. A computed tomography (CT) scan of the chest shows aortic dissection. The patient is diagnosed with aortic dissection and is started on intravenous beta-blockers. The patient is transferred to the intensive care unit for further management.

Question	Answer	Explanation
1. What is the most likely diagnosis?	Aortic dissection	The patient's symptoms of acute, tearing chest pain radiating to the back, along with ECG findings of sinus tachycardia and elevated troponin levels, are highly suggestive of aortic dissection. The CT scan of the chest confirms the diagnosis.
2. What is the most appropriate initial management?	Intravenous beta-blockers	The first-line treatment for aortic dissection is intravenous beta-blockers to reduce the heart rate and blood pressure, thereby decreasing the shear stress on the aortic wall.
3. What is the most appropriate long-term management?	Medical management with beta-blockers and aortic surgery	Long-term management involves medical therapy with beta-blockers to control blood pressure and heart rate. Surgical intervention is required for type A dissections or type B dissections with complications.

ANSWER CHOICES:

A. Myocardial infarction

B. Pulmonary embolism

C. Aortic dissection

D. Pericarditis



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