

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 pain is described as a heavy, crushing pressure in the center of the chest, radiating to the left arm and jaw. The patient has a history of smoking 20 cigarettes per day for 30 years. He is currently on amlodipine and atorvastatin. The patient's vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination is unremarkable. The electrocardiogram (ECG) shows ST-segment elevation in leads V1, V2, and V3. The patient is diagnosed with ST-segment elevation myocardial infarction (STEMI).

ANSWER
 The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia, presenting with acute chest pain. The pain is described as a heavy, crushing pressure in the center of the chest, radiating to the left arm and jaw. The patient has a history of smoking 20 cigarettes per day for 30 years. He is currently on amlodipine and atorvastatin. The patient's vital signs are: heart rate 110 bpm, blood pressure 180/100 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 92% on room air. The physical examination is unremarkable. The electrocardiogram (ECG) shows ST-segment elevation in leads V1, V2, and V3. The patient is diagnosed with ST-segment elevation myocardial infarction (STEMI).

ANSWER KEY



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