Chapter 19: Acute Coronary Syndrome: ST-elevation Myocardial Infarction: I Can't Handle the Pressure Level III

FIGURE 19-1.

PATIENT PRESENTATION

Chief Complaint

"This is the worst pain I have ever felt in my life."

HPI

Gary Roberts is a 68-year-old man admitted to the ED complaining of chest pressure/pain lasting 20–30 minutes occurring at rest. He describes the pain as substernal, crushing, and pressure-like that radiates to his jaw and is accompanied by nausea and diaphoresis. The pain first started approximately 6 hours ago after he ate breakfast and was unrelieved by antacids or SL NTG × 3. He also states that he has been experiencing intermittent chest pain over the past 3–4 weeks with minimal exertion.

PMH

HTN

Type 2 DM

Dyslipidemia

CAD with PCI with a drug eluting stent (DES) 3 years ago

FH

Father died from heart failure at age 75 and mother is alive at age 88 with HTN and type 2 DM.

SH

(+) Tobacco × 20 years but quit when he received his DES 3 years ago; drinks beer usually on weekends; denies illicit drug use.

Meds

Aspirin 81 mg PO daily

Metoprolol tartrate 25 mg PO BID

Simvastatin 40 mg PO QHS

Metformin 500 mg PO BID

SL NTG PRN CP

All

NKDA

ROS

Positive for some baseline CP on exertion for the past 3–4 weeks, now with CP at rest

Physical Examination

Gen

WDWN man, A & O × 3, still with ongoing chest pain, somewhat anxious

VS

BP 145/92, P 89, RR 18, T 37.1°C; Wt 95 kg, Ht 5′10″

HEENT

PERRLA, EOMI, fundi benign; TMs intact

Neck

No bruits; mild JVD; no thyromegaly

Lungs

Few dependent inspiratory crackles; bibasilar rales; no wheezes

CV

Normal S_1 and S_2, no MRG

Abd

Soft, nontender; liver span 10–12 cm; no bruits

Genit/Rect

Deferred

MS/Ext

Normal ROM; muscle strength on right 5/5 UE/LE; on left 4/5 UE/LE; pulses 2+; no femoral bruits or peripheral edema

Neuro

CNs II–XII intact; DTRs decreased on left; negative Babinski's sign

Labs

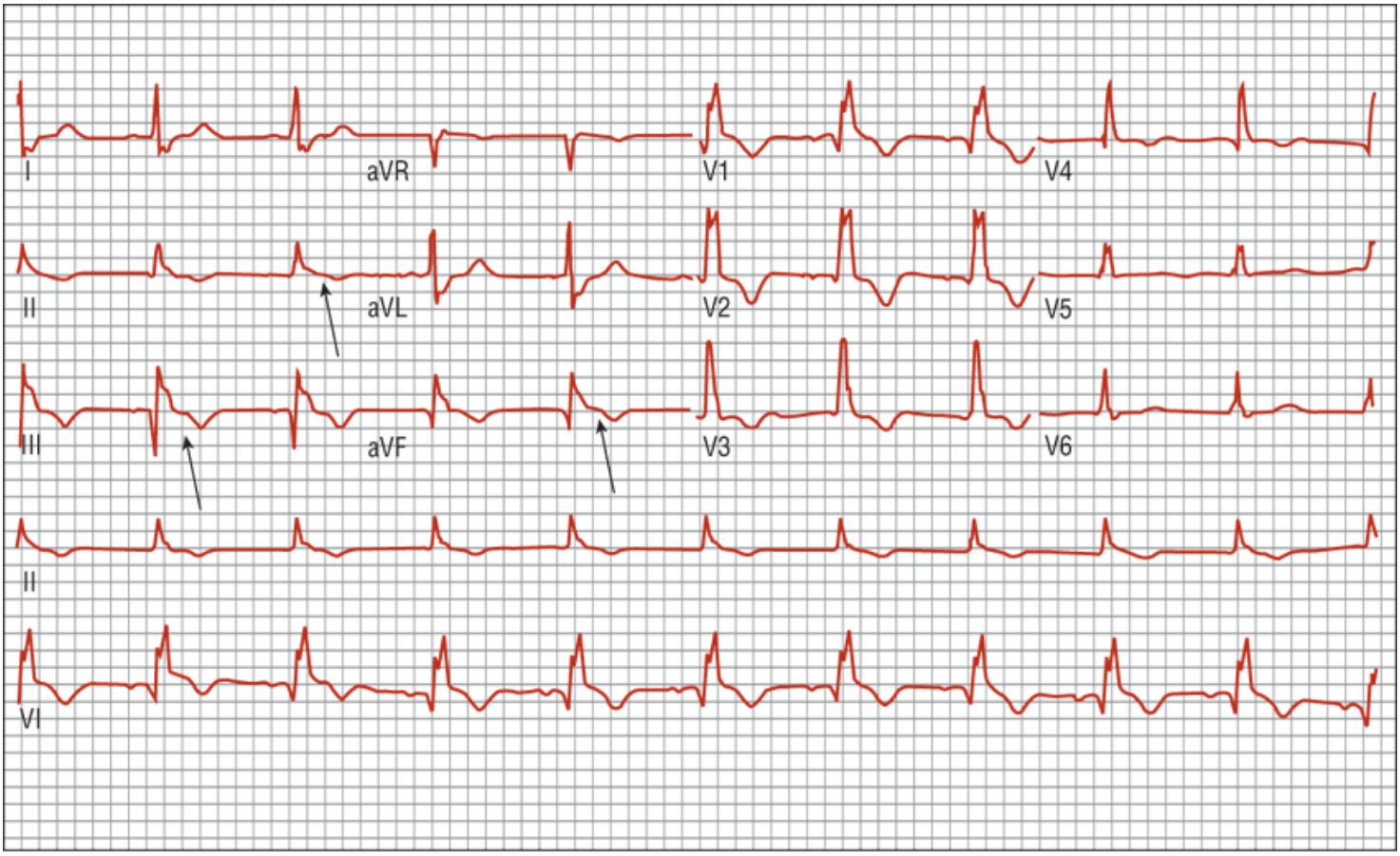
Na 134 mEq/L	Ca 9.8 mg/dL	Hgb 14.0 g/dL	*Fasting lipid profile*
K 4.4 mEq/L	Mg 2.0 mg/dL	Hct 44%	T. chol 159 mg/dL
Cl 102 mEq/L	PO_4 2.4 mg/dL	WBC 5.0 × 10^3/mm^3	Trig 92 mg/dL
CO_2 23 mEq/L	AST 22 units/L	Plt 268 × 10^3/mm^3	LDL 105 mg/dL
BUN 15 mg/dL	ALT 30 units/L	PT 12.5 s	HDL 36 mg/dL
SCr 1.0 mg/dL	Alk Phos 75 units/L	aPTT 32.4 s	A1C 7.6%
Glu 140 mg/dL	Troponin I 8.6 ng/mL	INR 1.0	

ECG

2- to 3-mm ST-segment elevation in leads II, III, and aVF (Fig. 19-1).

FIGURE 19-1.

ECG taken on arrival in the emergency department showing ST-segment elevation (arrows) in leads II, III, and aVF, consistent with acute inferior myocardial infarction. Right bundle branch block is also present in leads V_1–V_3.



Assessment

Acute inferior STEMI.