Acute Chest Pain

- **Discipline and setting:** Emergency medicine, in a hospital emergency department.
- **Patient profile:** Mr. A, a 58-year-old man, has hypertension and a 30-pack-year smoking history.
- **Presenting complaint:** Central chest pressure for 45 minutes. The pain spread to the left arm and came with sweating and nausea.
- **Assessment findings:** Blood pressure 158/94, heart rate 98, oxygen saturation 97% on room air. The ECG showed ST depression in the lateral leads. The first troponin came back elevated at 85 ng/L and rose on the three-hour repeat.
- **Clinical reasoning (annotated):** The working diagnosis is a non-ST-elevation myocardial infarction (NSTEMI). A HEART score of 7 placed Mr. A in the high-risk group, and the rising troponin confirmed myocardial injury. STEMI was ruled out because the ECG showed no ST elevation. Aortic dissection was excluded because blood pressure matched in both arms and the pain never moved to the back. Pulmonary embolism was set aside because oxygen saturation stayed normal and the patient had no leg swelling or recent immobilisation. Musculoskeletal and reflux causes fell away once troponin returned positive.
- **Management and outcome:** The team gave aspirin 300 mg, a second antiplatelet agent, and therapeutic anticoagulation, then referred Mr. A to cardiology for coronary angiography. Angiography found a 90% blockage in the left circumflex artery, and a stent restored flow. Mr. A left the hospital on day three with secondary-prevention medicines and a cardiac-rehabilitation referral.

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