



2/25/26 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Youssef (@saklawiMD) Case Discussants: Sharmin (@Sharminzi) & Reza (@DxRxEdu)
<https://clinicalproblemsolving.com/present-a-case/>

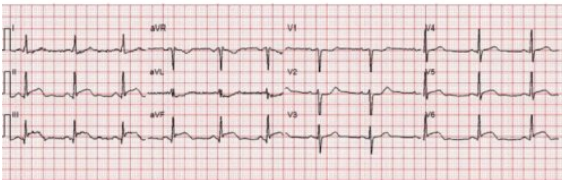


Scribing (Kevin)

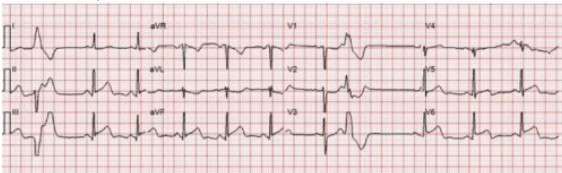
CC: 61-year-old woman with hypertension, dyslipidemia, presenting with acute substernal chest pain.

HPI: She reports 2 hours of severe substernal chest pain.

First ECG:



Follow-up ECG:



Vitals: T: nl HR: nl regular RR BP: 142/93

Exam: Gen: warm, active chest pain
Otherwise unremarkable

Notable Labs & Imaging:

Hematology: CBC: unremarkable

Chemistry:

Na: nl K: nl Cl: nl HCO3: nl Cr: nl BUN: nl Glucose: nl Ca: Mg:

AST: nl ALT: nl Alk-P: nl Bili: nl Albumin: nl Total Protein: nl

ESR: nl CRP: nl LDH: nl

Troponine: > 14.000

Hemoglobin A1c: nl Lipoprotein(a): nl

Imaging:

EKG: ST elevations in II, III, perhaps also in aVF, V3 and V6, questionable ST segment depression

Coronary angiography: Coronary artery dissection involving LAD, approx. 90% stenosis, no evidence of atherosclerotic rupture

TTE: worsening left ventricular systolic dysfunction with an EF of 30-35%

CT-A: multifocal luminal irregularities of the bilateral cervical internal carotid arteries, additional abnormalities in the abdomen and pelvis, findings suggestive of fibromuscular dysplasia

Dx: Spontaneous coronary artery dissection of the mid LAD presenting as STEMI, complicated by worsened HFrEF, with associated fibromuscular dysplasia.

> conservative management for SCAD, initiated on dual antiplatelet therapy with aspirin and clopidogrel, planned for at least 3 months.

Problem Representation: A 61-year old woman with a history of hypertension and dyslipidemia presents herself with acute substernal chest pain.

Teaching Points (Magnus)

Acute chest pain:

-> Rule out life-threatening (ACS, PE, AD), get EKG + trope

If ST-elevations, look for reciprocal depressions

II, III, aVF -> concerning for RCA STEMI

DDx for high trope + ST-elevations: Vasospasm, myocarditis, massive PE, AD, demand ischemia

Spontaneous coronary artery dissection (SCAD):

Can be triggered by vasculopathy -> non-inflammatory i.e. FMD inflammation vs. inflammatory i.e. Behcets