

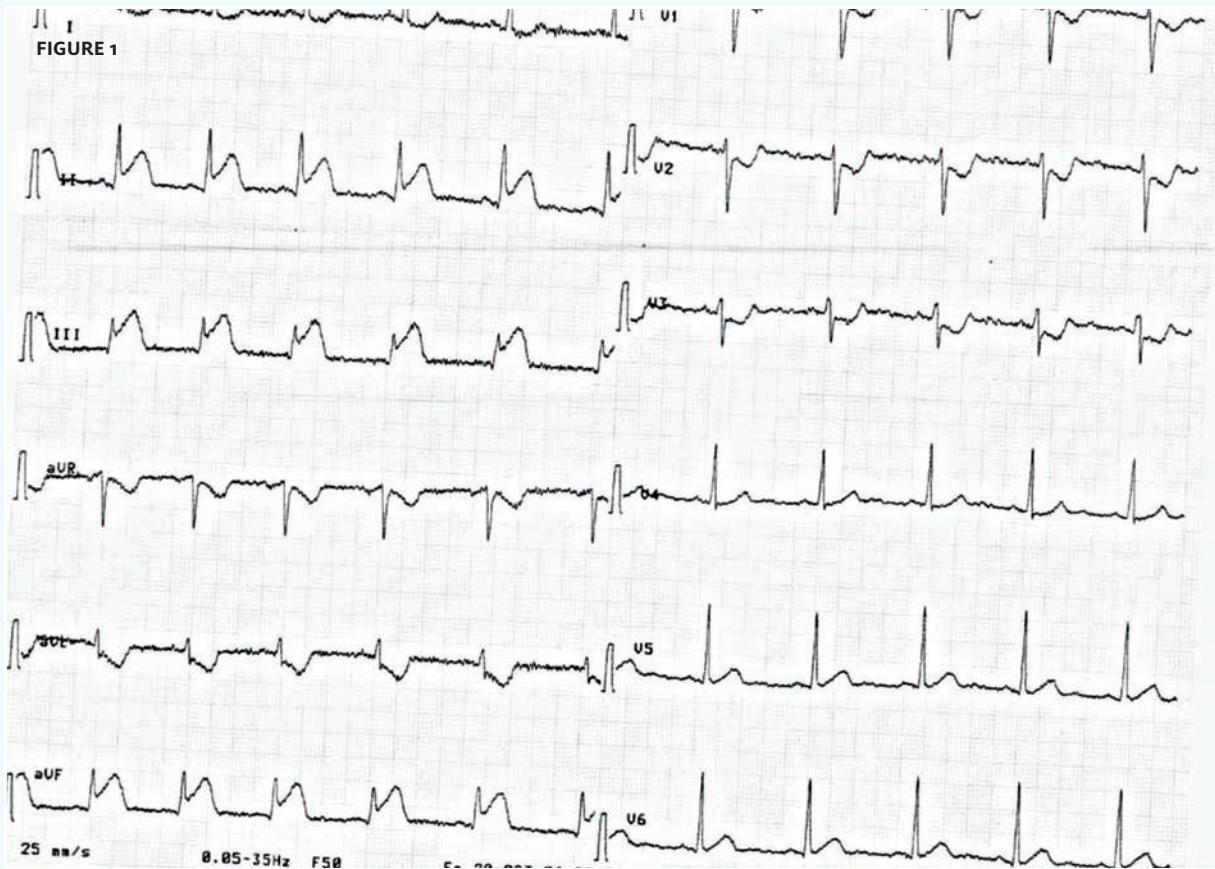


## INSIGHTS IN IMAGES

# CLINICAL CHALLENGE

In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to [editor@jucom.com](mailto:editor@jucom.com).



The patient is a 32-year-old male who woke up at 1 a.m. with a burning sensation in the mid-chest (a first-time event, he reports).

The patient is not diaphoretic, and has no dyspnea. He is generally healthy and has no known risk factors for heart disease. His physical exam is unremarkable. In addition, you find:

- BP: 154/102
- Pulse: 68
- Sat: 99%
- Temperature: 97.3°F

View the electrocardiogram taken (**Figure 1**) and consider what your next steps would be. Resolution of the case is described on the next page.

## THE RESOLUTION



The ECG is consistent with an inferior MI. The patient was transferred to the ED by ambulance after receiving ASA, nitroglycerin SL, and oxygen.

While MI is rare in patients under age 35, it should be considered when presentation is otherwise typical.

The most common causes of MI in young adults are hypercoagulable states and substance abuse (cocaine, primarily).

*Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM, Terem Emergency Medical Centers, Jerusalem, Israel.*