THE FOUR PILLARS TO HEALTH & WELLNESS

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HEALTH

Urgent Care Series
Chest Pain: Cardiac or Not

by Dominic Dizon, MD

Over the past year, I have mainly discussed diagnosis and management of the most common chronic medical conditions that I see in my practice of internal medicine such as diabetes mellitus, hyperlipidemia, hypertension, asthma and sleep apnea. I will continue to offer articles on other common chronic conditions such as acid reflux, osteoporosis, allergic rhinitis, and osteoarthritis in future newsletters.

I would now like to introduce topics of interest that I call the Urgent Care Series. This series goes over typical chief complaints that patients have when they visit urgent care centers and even emergency rooms. My hope is to promote some awareness on the possible causes and works up of these presenting symptoms so that you know what the standard of care should be if ever this happens to you.

First and foremost is chest pain. Most patients know that this is a symptom not to be taken lightly, especially if it is described as substernal in location, crushing (like an elephant sitting on your chest), accompanied by sweating and nausea, radiation to neck or jaw, and worse with exertion. When you experience these, get to the nearest emergency room as quickly as possible or call 911. This could be acute coronary syndrome (ACS) which is either unstable angina or a myocardial infarction (heart attack). Typical workup includes a chest Xray, EKG, and cardiac enzymes called troponins. Other important causes of this v**isceral type of chest pain** include aortic dissection and esophageal rupture, which could also be life threatening. Less worrisome causes for this visceral sensation could be esophageal spasms or gastro-esophageal reflux, but these are not typically worse with exertion and do not radiate to the neck or jaw.

Pleuritic chest pain is when there is accompanying pain on inspiration (breathing in) and even shortness of breath. Serious causes include pulmonary embolus (blood clot in lung), pericarditis (thickening of outermost heart layer), pneumonia, and pneumothorax (separation of lung from chest wall). A less serious cause could be pleurisy or scarring of lining of the lung, typically from a previous lung insult.

Finally, **chest wall pain** happens when there is irritation or inflammation of musculoskeletal structures in the chest wall. These could be from costochondritis (rib cartilage inflammation), causalgia or nerve syndromes, and intercostal muscle strain. These are typically not life threatening and patients are sent home with further instructions.

Whatever the cause of these 3 types of chest pain (visceral, pleuritic, chest wall), the key here is vigilance and ruling out the serious causes first, before we can deduce that it is from esophageal spasm, pleurisy, costochondritis, causalgia, or intercostal muscle strain.

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