

Medicine Hx- Cardiovascular System

History of “Chest Pain”

A. Overview:

The mention of chest pain by a patient tends to provoke more urgent attention than other symptoms. The surprised patient may find him- or herself whisked into an emergency ward with the rapid appearance of worried-looking doctors. This is because ischaemic heart disease, which may be a life-threatening condition, often presents in this manner.

B. Differential diagnosis:

DDx	What support this diagnosis?
Cardiovascular System	
Myocardial Infarction (MI)	Risk factors: Smoking, Diabetes, HTN, Hyperlipidemia and Family history of Myocardial Infarction Typical Symptoms: chest pain (central, tight or heavy; may radiate to the jaw or left arm) Complication: Heart Failure, Arrhythmias and recurrent MI
Aortic Dissection	Risk factors: Long-standing HTN, Trauma and Connective tissue diseases, such as Marfan's syndrome Typical Symptoms: chest pain (very sudden onset, radiates to the back) Complication: Aortic rupture
Respiratory System	
Pulmonary Embolism	Risk factors: Prolonged immobilization, DVT, Trauma, surgery and pregnancy Typical Symptoms: sudden onset dyspnea, diaphoresis with or without hemoptysis
Pneumonia	Risk factors: Influenza infection, Alcohol abuse, Smoking, splenectomy, Immunocompromised Typical Symptoms: Often pleuritic, associated with fever and dyspnea Complication: parapneumonic effusions, Pleural empyema, Acute respiratory failure
Pneumothorax	Risk factors: COPD, Asthma and Trauma Typical Symptoms: Sudden onset, sharp, associated with dyspnea
Others	
Pleuropericardial pain	Typical Symptoms: Pleuritic pain and sharp, worse when patient lies down (pericardial) worse with cough (pleural)
GERD	Typical Symptoms: burning, worse when patient lies down Complication: Barrett's esophagus, Aspiration pneumonia
Anxiety	Typical Symptoms: associated with breathlessness and hyperventilation

C. Questions to ask the patient with this presentation

Questions	What you think about ... !
Quality of Pain	
Can you tell me what the pain or discomfort is like? Is it sharp or dull, heavy or tight?	Pressure, Squeezing → MI Sharp and stabbing → Pericarditis, pleuritic, Pulmonary Embolism (PE), Pneumothorax Tearing, ripping → Aortic dissection, Burning → GERD
Location	
Where do you feel it?	Retrosternal → MI, Poor localized → PE well localized → Pericarditis, pleuritic, Pneumothorax Over skin → Musculoskeletal, costochondritis
Duration	
How long does it last?	<15 seconds → non cardiac, musculoskeletal 2min-20min → angina pectoris, GERD >20min → MI, Pulmonary disease, Aortic dissection, pericarditis and herpes zoster
Precipitating Factors	
When do you get the pain? Does it come out of the blue, or does it come on when you do physical things? Is it worse if you exercise after eating?	Exertion → angina pectoris Emotional Stress → Angina pectoris, Psychogenic Eating → GERD or GIT problem Lying down → GERD, Pericarditis Respiration or cough → pleuritis, pneumothorax, PE
Is it coming on with less effort or at rest?	With effort → angina pectoris, at rest → MI
Relieving Factors	
Does it go away quickly when you stop exercise?	MI
Relieved by what?	Nitroglycerin (2-5min) → angina pectoris Leaning forward → pericarditis Antacid → GERD Holding breath → pleuritis
Radiation	
Radiate to where?	Left, right or both shoulders → MI or Pericarditis Tip of jaw → MI Back → aortic dissection
Risk Factors	
Have you had any heart trouble before? What sort? What treatment did you have?	
Do you know what your cholesterol level is?	
Are you diabetic? How well controlled is your diabetes?	
Have you had high blood pressure and has it been treated?	
Are you now or have you been smoker? How long since you stopped?	
Have there been problems in your family with	

heart disease? Who was affected and how old were they?	
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D. Review of symptoms related to the system of interest.

- 1- Dyspnoea, orthopnoea, paroxysmal nocturnal
- 2- Ankle swelling
- 3- Palpitations
- 4- Syncope
- 5- Intermittent claudication
- 6- Fatigue

E. Systemic Review Go to Medicine – Hx – “General” topic!

432 OSCE TEAM

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