



HOW TO APPROACH CHEST PAIN ?

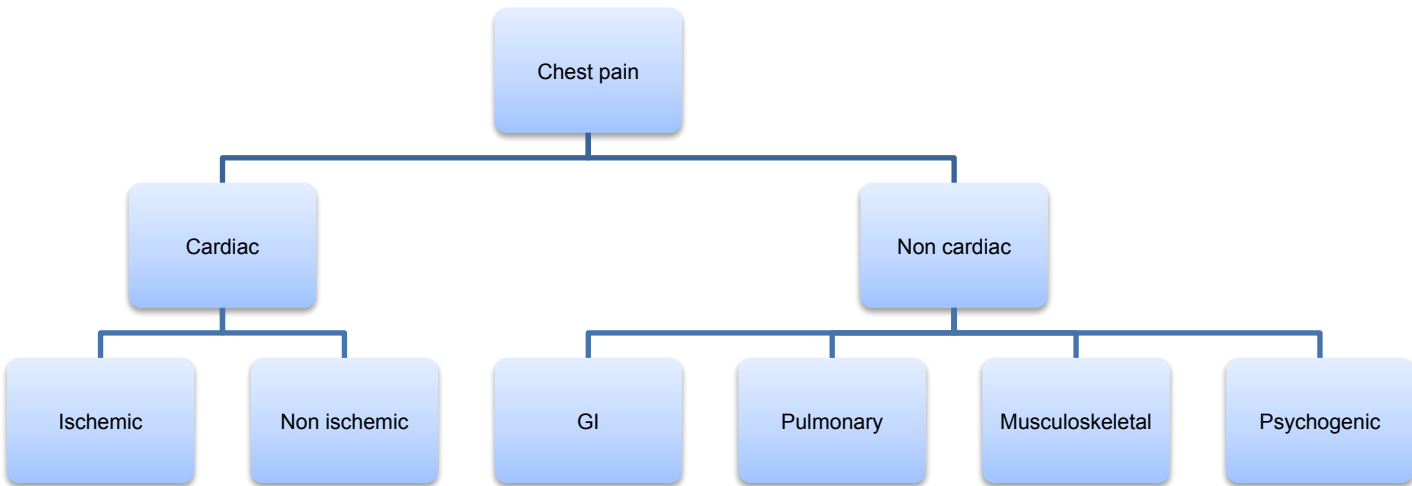
Color index :

Important

Further explanation

[Editing link](#)

Differential diagnosis of chest pain



Type	Causes	Important feature
Ischemic	Angina	-Sub sternal -Heaviness ,tightness, pressure like -Almost never sharp and can not be pointed -Doesn't change with respiration or position -May radiate to the left shoulder ,left arm left jaw -Gradual
Infarction	MI	-Central chest pain -Severe pain -Subacute onset (minutes) -Onset at rest -No relief with nitrates -Associated symptoms (nausea, vomiting AND Sweating)
Pleuritic pain	Pericarditis Pleuritis Pneumothorax Pneumonia Pulmonary embolus	-Sharp, stabbing -Change with position and respiration -Sudden -Might come with fever
Musculoskeletal related	Costochondritis Sternoclavicular arthritis Herpes zoster	-Positional -Often worse at rest -Localised -Chest wall tenderness
Vascular pain	Aortic dissection	-Very sudden onset, radiates to the back
Airway pain	Tracheitis Central bronchial carcinoma Inhaled foreign body	-Pain in throat, breathing painful

Question	Think about
<u>SOCRATES</u>	
<u>Site</u> -Diffuse, poorly localized or retrosternal	Myocardial ischemia or PE
-Localized over skin and superficial strictures, reproduced by palpation	Musculoskeletal pain Costochondritis, <u>chest wall syndrome</u>
-Localized in region of the left nipple	Noncardiac pain (musculoskeletal, psychogenic, gaseous distention of the stomach)
<u>Onset: how long does last?</u> -very Brief (<15 seconds)	<u>Noncardiac</u> Musculoskeletal pain Hiatal hernia Psychogenic pain
-brief (2-20 min)	Angina pectoris Esophageal disease Musculoskeletal pain Psychogenic pain
-Prolonged (>20 minutes to hours)	UA/MI Acute GI pathology Pulmonary disorders Pericarditis Aortic dissection Musculoskeletal disease Herpes zoster Psychogenic pain
<u>Character: how does it feel like?</u> -pressure, squeezing, burning, or strangling	Myocardial ischemia
-severe tearing or ripping	Aortic dissection
-sharp or stabbing	Pericarditis, pleuritis PE, pneumothorax Musculoskeletal pain Psychogenic pain
-dull, persistent ache lasting from hours to days localized to cardiac apex	Psychogenic pain
<u>Relieving factors ?</u> -Rest or sublingual nitroglycerine	Angina pectoris Esophageal spasm (takes longer time)
-sitting up and leaning forward	Pericarditis Pancreatitis
-antacids or food	Esophagitis, peptic ulcer
-holding the breath at deep expiration	Pleuritis

Personal data

Chef complain (chest pain)

Question: SOCRATES	Think about
Associated symptoms ?	
-Vomiting and nausea	Acute myocardial ischemia or MI Acute GI pathology
-Diaphoresis	Acute myocardial ischemia or MI PE Aortic dissection
-Cough	Pleuritis PE
-Dyspnea	Acute myocardial ischemia or MI PE Pneumothorax Pneumonia
-Hypotension and syncope	Acute myocardial ischemia or MI Massive PE Aortic stenosis Arrhythmia
-Hemoptysis	PE, pneumonia
-Fever	<u>Pneumonia</u> <u>Pleuritis</u> <u>Pericarditis</u>
-Acid reflex into the mouth	GERD
-Difficulty in swallowing?	esophageal spasm
Time:	Abrupt or gradual, continuous or intermittent (if intermittent ask about frequency)
Exacerbating factors:	
-Excretion	Angina pectoris
-Emotional stress or freight	Angina pectoris Psychogenic pain
-Eating and meals	Esophageal pain Peptic ulcer Angina pectoris
-Lying down after meals	Esophageal reflux
-Bending or moving the neck	Cervical/upper thoracic spine disease
-Respiration or cough	PE Pneumothorax Pericarditis, pleuritic
-Change in body position	Pericarditis Musculoskeletal pain Pancreatitis
Severity:	Scored out of 10 or how does it affect daily work?

Past medical & surgical history

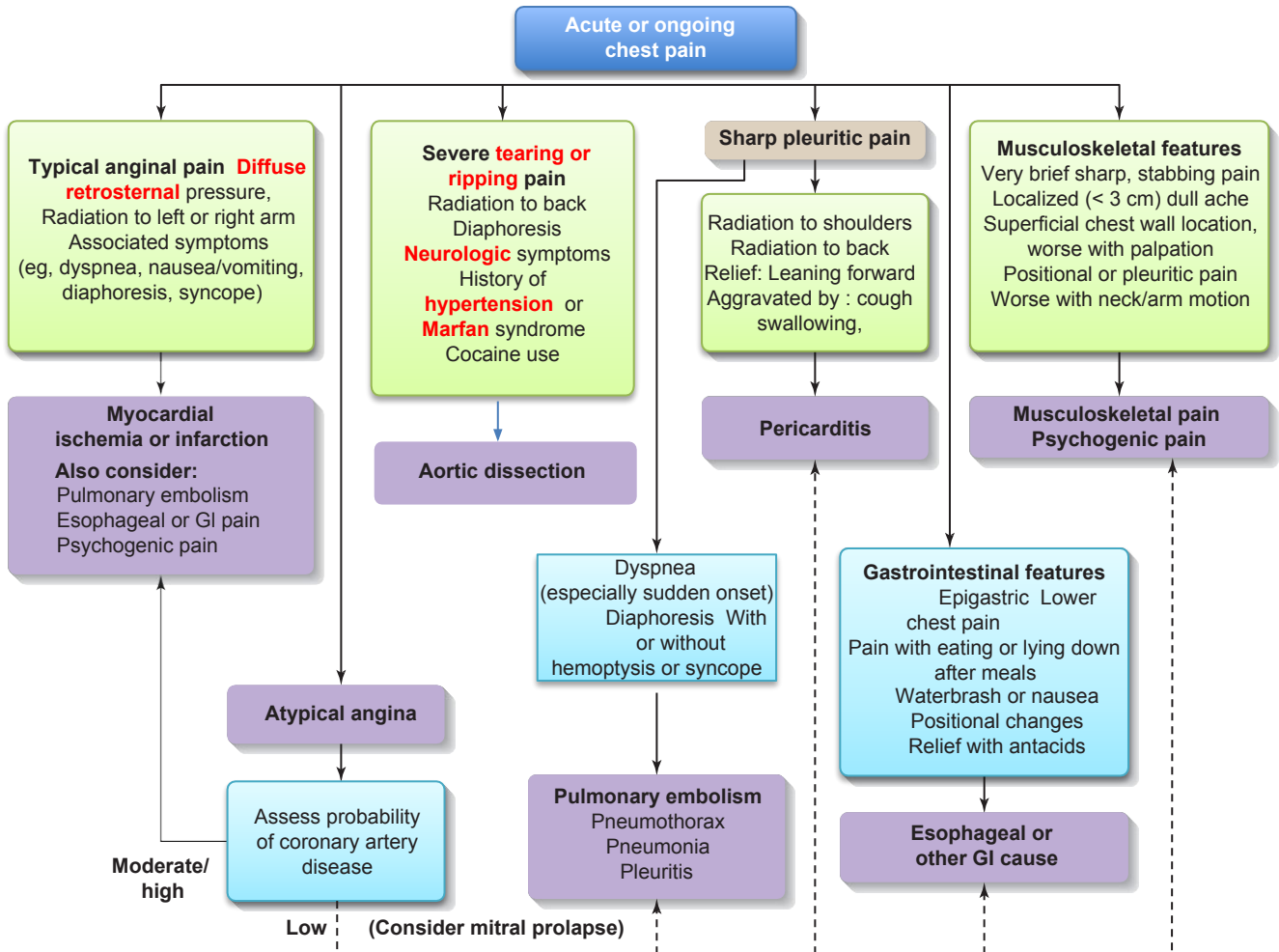
Family history & social & systemic review

Risk Factors

- Smoker
- Any heart trouble before ?
- Cholesterol level ?
- Are you diabetic?
- Have you had high blood pressure ?
- Have there been problems in your family with heart disease?

What sort? What treatment did you have?
How well controlled is your diabetes?

Narrowing the DDX



Typical angina :Meets **all three** of the following
Characteristic retrosternal chest discomfort—typical quality and duration
Provoked by exertion or emotion, Relieved by rest or GTN (glyceryl trinitrate) or both

Atypical angina: Meets **two** of the above characteristics

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