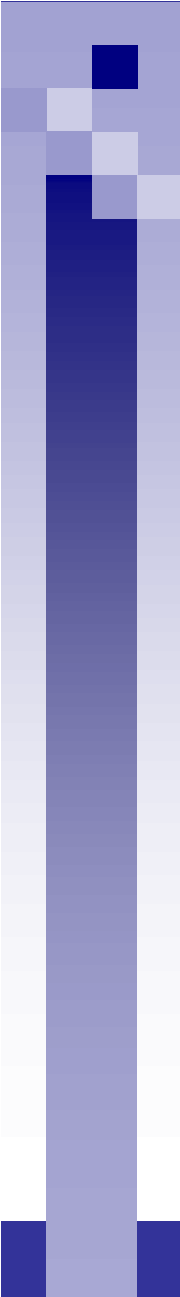


# Chest Pain



**Stephen Child**

*Director of Clinical Training  
General and Respiratory Physician  
Auckland District Health Board*



41 year old man with family hx of CAD and epilepsy, presents with 2 day history of chest pain (March)

November - Florida

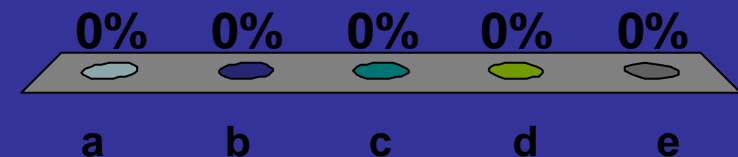
Jan - Half marathon

Feb - Rainbow's End enquiry

"Squeezing, 2 - 3 hours, intermittent, no association, worse at night"

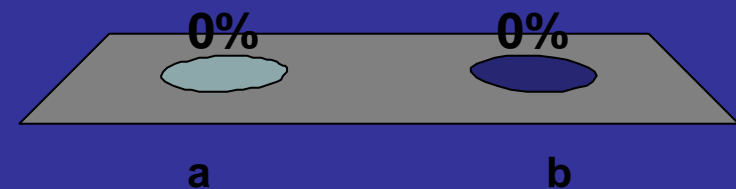
Which associated feature is most "reassuring"?

- a) Associated SOB with pain
- b) Worse lying flat
- c) Radiation to right shoulder
- d) Localised (<2 FB) at left breast
- e) No history of leg swelling



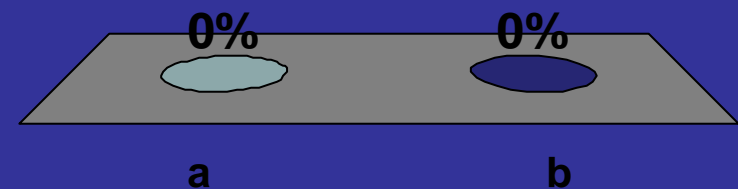
# Would you do an ECG?

- a) Yes
- b) No



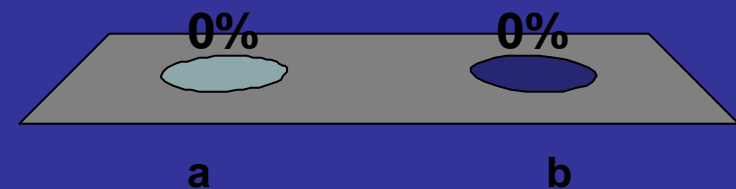
# Would you do a CXR?

- a) Yes
- b) No



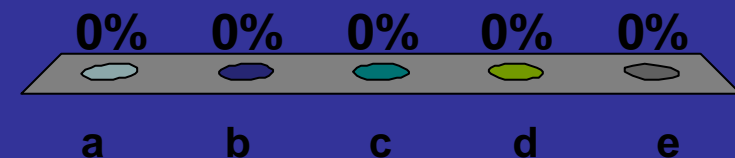
Would you request urgent cardiac enzymes ?

- a) Yes
- b) No



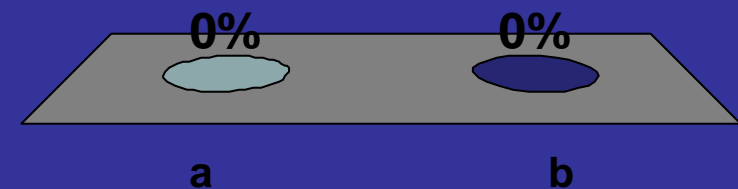
# Which is the least useful exam finding ?

- a) Presence of heart murmur
- b) Abdominojugular reflex positive
- c) Symmetrical air entry at apices
- d) BP in both arms
- e) Presence of S4



Would you do an acute referral to hospital ?

- a) Yes
- b) No



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“He’s complaining of chest pain, shortness of breath, cramps and dizziness. Do you sell earplugs?”

# Chest Pain

Diagnosis (30%)

Uncertain (70%)

Serious

Not serious

Tension pneumo

Embolic

Pericarditis

Ischemia

Dissection

MSK

HVS

GI → 50% PPI response

Shingles

Pleurisy

Other

## Odds :

- 6/400 or 1.5% had Unstable Angina or MI  
and 1.9 - 4.0% of patients discharged from ED  
had acute coronary syndrome

GP = "Best Guess"

# Chest Pain

Serious  
↓  
Hospital

Not serious

- Document Clearly!
- Pain > 5 days
- One finger localized
- Movement or palpation
- Fleeting Pain





## "Low risk" - History

- Sharp
- Localised < 2 FB
- Pleuritic or positional
- Reproducible

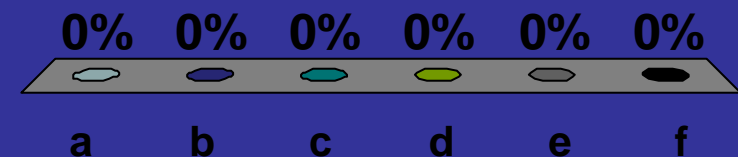
\* Note \* 48/51 Rt arm radiation = MI !

## Pearls

- Clinical exam (Hx + Dx) - 88% accurate for non-organic
- 13% suspected cardiac with histrionic actress vs 50%
- NTG relief does not distinguish (35 vs 41%)
- 4 - 40% of ECG's are "false negative"
- 20% of CXR can be "useful"

Which of the following treatments improves survival in acute coronary symptoms?

- a) Aspirin
- b) Nitrates
- c) Diltiazem
- d) Oxygen
- e) Morphine
- f) More than 1 above





# "Serious"

→ O<sub>2</sub>, Aspirin

→ IV + Monitor

→ Nitrates (beware Viagra/AS)

# "Not Serious"

- Trial PPI
- Open mind
- Review



Further exam by specialist revealed

- a) ? Split first heart sound
- b) small patch of psoriasis
- c) desquamating rash on palms

Possible diagnosis ??



**oh hai i has a quesjun**