6/7/23 Morning Report with @CPSolvers

***"One life, so many dreams" Case Presenter**: Mario (@mariosuitofmd) **Case Discussants**: Steph (@StephVSherman), Madellena (@MadellenaC), Reshma (@reguram_reshma)*

CC: 83 yo female presents with 3 day history of intermittent chest pain

HPI: Three days prior she presented with oppressive thoracic chest pain 7/10 intensity while lying down, with radiation to the left upper extremity and paresthesias. The pain lasted for 5 minutes and resolved completely by itself. Two days later presented the same pain.

After being treated, she came a week later with the same symptoms. She was admitted for further work-up. Presentes 2-3 episodes of chest pain per day. Pain alleviated with nitrates

PMH:
Hypertension
Open angle glaucoma
GERD
Diverticulosis

Meds:
Losartan
Omeprazole

Fam Hx:
none

Soc Hx:
none

Health-Related Behaviors:
none

Allergies: none

Vitals: T: HR: 75 bpm **BP:** 130/80 mmHg **RR:** 16 rpm **SpO2:** 98% room air

Exam:
Gen: normal appearing
HEENT: normal
CV: S1, S2 present, regular without gallops
Pulm: symmetrical and clear breath sounds
Abd: soft, non tender, nondistended
Neuro: no focal neurologic deficits

Notable Labs & Imaging:
Hematology:
WBC: 5,300 Hgb:13.2 Plt: 160000
Chemistry:
Cr: 0.6
Troponin T: 0.003
CK-MB: 3.19
D-dimer: 1.23
Imaging:
EKG: Left bundle branch block, sinus rhythm. No ST changes compatible with ischemia.
CXR: normal
CTPE: negative
Myocardial perfusion scan: reversible perfusion defect on the inferior wall of the LV, 7% extension
She was started on LMWH. She went to the cath lab and got a stent in the RCA.
Coronary CT: no stent complications
Esophageal manometry: >20% of swallow with DCI > 8000 mmHg/sec/cm
Final diagnosis: Hypercontractile esophagus.

Problem Representation: 83 year old female presents with episodic chest pain that responds to nitrates and persists after coronary stenting.

Teaching Points (@Noah_Nakajima):
Chest pain: Broad ddx, important to rule out emergent causes. Use epidemiological data to guide thinking.
- Emergent causes: 4+2+2.
- If there is suspicion for cardiac ischemia, the most diagnostic value can be obtained with objective findings of troponin levels and ECG findings.
- Episodic nature helps us narrow the differential diagnosis when thinking about the progression of the disease.

Does this patient have PE?
- Intermittent pain syndrome with elevated D-dimer can be caused by PE.
- Tachypnea is the best vital sign for PE assessment.

ECG findings: Comparison with baseline ECG is key for interpretation.

Recurrence of symptoms:
1) Something else other than the heart
2) Complication of the procedure
- Revisit the history, see the vitals, rule out complications.

Vasospastic angina criteria:
- ECG changes, nitrate-responsive angina, coronary artery spasm.

Reflections:
Don't fall in love with the diagnosis
Intermittent nature is key
The timing of the ECG is important
Intermittent chest pain responsive to nitrate: think of esophageal spasms!