

CHEST PAIN



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When & When Not to Worry

Albert J. Miller, M.D.



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*. . . To my wife, my daughter and my patients—
all supportive of my efforts to write this book.*



--- CHEST PAIN ---

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INTRODUCTION ---

Chest pain is a common reason for a visit to the cardiologist's office. So I was not surprised when several of my patients, knowing that I had written a book on the **DIAGNOSIS OF CHEST PAIN**, complained, "patients need that kind of book more than doctors!" I tried lending my book to a number of patients, but clearly it was loaded with too much medical jargon to be helpful to them. Having finally decided that patients needed their own book, I found that it was more difficult to write for the lay person than for the physicians. It is not easy to describe pains in a clear and understandable way, and discussing chest pains poses special communication problems.

The main problem for the individual experiencing chest pain is to decide whether the pain is serious and what to do about it. Therefore, the mission of this small book will be to present in understandable language information about the heart and chest pain and to emphasize when to consult a doctor and when to relax. In order to discuss chest pain in a rational manner, I try to present the reader with enough basic medical information to provide an understanding of the origins and mechanisms of chest pain. Although I have tried to accomplish this, the reader should understand that this small book is not meant in any way to replace a skilled physician. On the contrary, it should serve to emphasize the value of the physician's insight.

Who among us has never had a chest pain? Chest

pains are common and though most chest pains are not serious, they almost always produce some anxiety. They often cause concern about heart trouble. Ironically, many significant chest pains are dismissed or ignored as pain because the discomfort is not severe enough to be considered as “a pain.” As we shall see, some noteworthy pains do not present in the expected places, and some are quite mild. Most of us have considerable difficulty in describing chest pains, and some may think that this inability is a personal deficiency. It is not a personal deficiency - all of us, including physicians, have difficulty describing chest pains we experience. There are good reasons for this difficulty, and we will explore some of them.

All of us have chest pain at one time or another

Considering that the heart, lungs, diaphragm and chest wall are in constant motion, it is surprising that these structures do not give rise to chest pain more often. Many examples of benign chest pains can be drawn from our everyday lives. One sleeps in a peculiar position and awakens with an aching pain in the left upper chest. Protracted coughing with a cold leads to soreness in the lower chest on both sides. An attack of shingles makes one miserable with a burning chest pain. Abdominal bloating after food indiscretion gives a heavy feeling in the lower chest. The death of a loved one leads to a feeling of weight and oppression on the front of the chest. An inordinately hard sneeze gives a terrible pain on the side of the chest due to a bruised rib.

A miserable burning sensation (“heartburn”) under the breastbone in the middle of the chest follows an evening of hot chili and too much beer. And then there are the chest muscle aches and pains that all of us experience, for example, after a day of unaccustomed gardening. Readers can undoubtedly add examples of their own. Obviously, there are many chest pains that are not serious, are not life threatening, and do not require immediate medical attention. And then there are the other kinds of pains - those that should lead one to prompt medical attention. We will discuss the benign and more serious chest pains in some detail.

To present the information in an orderly and understandable manner, I have categorized the various kinds of pains based on their anatomical origin. The first three chapters discuss aspects of the history of our knowledge of chest pain, the anatomy of the chest organs, and the nature of pain. Hopefully this background will provide the reader with enough information to make the subsequent chapters more interesting and understandable. Not every kind of pain is discussed, but rather emphasis is put on illustrating those pains that should lead us to medical care and those pains that need not worry us.



The author is indebted to the many patients who have provided the experience leading to this book. Indeed, it has been suggestions from patients that led to writing it.