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The chest pain with normal EKG

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Objectives: The main objectives of this clinical case presentation is to attract attention about the situation from our medical practice when we can have a patient with typical constrictive chest pain like in ischemic heart disease but with normal EKG in crisis. Confers this normal EKG us safe that the patient is not in dangerous situation?

Material and Methods: It presents the clinical case of a women patient 46 years old, in early menopause because of stressful situation in her family, who came at consultation with sudden constrictive chest pain, high intensity, irradiation in to the left shoulder, anxiety and sweating. Mention, very important, that the EKG was normal without ischemic lesions changes in crisis of chest pain, but the pain disappeared immediately in 2 min after one drug 0,5mg of Nitroglycerine under the tongue. Because the patient was in menopause (so lost the estrogen protection for atherosclerosis and heart attack) in this stressing condition at home she had decided to be hospitalized for more safe indifferent that the pain stopped at the moment and the EKG was normal without any changes. After hospitalization however the EKG was normal the patient start the correct protocol for ischemic heart disease: beta-blocker, nitrate, aspirin, statine drugs and NTG under the tongue if she need. The blood tests were in normal range and cardiac enzymes as well. Only the level of cholesterol=250mg/dl was increase. In the second day, in the morning, the patient present severe chest pain, constrictive, sweating, anxiety and was necessary perfusion with nitroglycerin to stopped the pain in 10min, but unusual the EKG in crisis was again normal and the level of cardiac enzymes were the same in normal range. In the third day in the morning the patient presented again constrictive chest pain, anxiety, sweating and was necessary again administration the perfusion of nitroglycerin to stopped the pain in approximate 15 minutes, because wasn't stopped after NTG drug 0,5 mg under the tongue, but the EKG repeated in crisis was again normal and the level of cardiac enzymes remained normal as well. An echocardiography of the heart was performed to exclude the dissection of the aorta but was normal and the therapy was completed with Fraxiparine 0,4UI sc twice per day at 12 hours. In the third day because of repeated crisis of chest pain the patient was referred to the Surgery Cardiovascular Department and a heart coronarography was performed and surprising three coronary arteries were narrowing with 75%. So a severe left main or three-vessel disease stenosis of coronaries arteries was discover and the patient performed three stents implantation with good evolution.

Results and Discussions: How was possible that the EKG to be normal three days consecutively in context of these severe repetitive constrictive chest pain? When perfusion with nitroglycerin was necessary to be administrated repeated to stop the pain and the level of specific cardiac enzymes were normal as well and excluded a heart attack.

Conclusion: The most important conclusion of this clinical case presentation is that a normal EKG (without ischemic-lesions changes) in a typical crisis of constrictive chest pain, don't give us safe that the patient don't have nothing and is better to start the standard protocol of therapy for ischemic heart disease, if the characteristics of chest pain are so typical clinic for angina pectoris, to protect our patient and to be in safe. A normal EKG in typical crisis of chest pain doesn't exclude the diagnosis of ischemic heart disease. In the actual standard protocol in these situations the effort test should be perform but could be iatrogenic and dangerous. Except this clinical case report, in her medical practice, she saw many clinical cases in the similar situations, for this reason she start the standard protocol of therapy for ischemic heart disease at these categories of patients with normal EKG to prevent sudden death. The typical chest pain with normal EKG in crisis could hide a very severe and risky ischemic heart disease with many severe stenosis of the coronaries arteries and don't give us safe that the patient is not in danger.

Biography

Manuela Stoicescu is Consultant Internal Medicine Physician, PhD, Assistant Professor of University of Oradea, Faculty of Medicine and Pharmacy, English Section, Medical Disciplines Department, Romania and worked in the Internal Medicine Department. She published two books for students: Clinical cases for students of the Faculty of Medicine in English and Rumanian language, one monograph: "High blood pressure in the young an ignored problem?", a book on Amazon at an International Editor in Germany Lambert Academic Publishing --"Side Effects of Antiviral Hepatitis Treatment". Recently in March 2015, a book with OMICS eBooks Group USA about "Tumor Markers in Hypertensive Young Patients" and many other articles were published in prestigious ISSN Journals in USA. She's is also an Editorial Board Member in 2 ISSN Journals in USA and was invited speaker at 30 International Conferences held in USA, Canada, China, Japan, Thailand, Spain, Dubai.

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