

Orthopaedic Connection

Chest Pain and the Orthopaedic Surgeon

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Transforming patient information into patient understanding.

Some of the very complicated problems that come to me as an Orthopaedic Surgeon might cause me to have chest pain if my heart wasn't O.K. Fortunately my heart is O.K. But this is not about chest pain in me. It is all about you as the saying goes.

Last week I finished Part I listing some of the many symptoms of Costochondritis. Go back and review your notes if you have forgotten the symptoms.

Cause of Costochondritis

Like so many other things in medicine, we don't know the cause of Costochondritis. We know it is an inflammation, but what triggers it is a mystery. Sure I could list injury, but it is only speculation. There is a rare form of Costochondritis associated with pain and swelling called Tietze's syndrome, but no one is sure if they are the same thing.

While the following are not causes of Costochondritis they can cause similar symptoms.

- Angina Pectoris as previously stated
- Certain intestinal problems
- Osteoarthritis

Exam

I will admit it isn't the hardest exam we do. The patient's history as always helps narrow down a cause for the pain. Tenderness in the rib cage toward the front is usually present and it is fairly localized. It is not tender over the sternum itself, but to the side of it. Redness and swelling, the usual hallmarks of inflammation are absent.

Raising the arm up above the head makes the pain worse.

I would always do a chest x-ray and possibly rib x-rays to rule out other causes, but Costochondritis itself can't be seen on plain x-rays or other imaging studies either.

Pain Relief

If you are lucky Costochondritis symptoms may lessen in a few weeks. In some cases the symptoms can last for months.

- Ibuprofen for the pain and inflammation
- Stronger narcotic pain medication is discouraged because you don't know how long symptoms will last
- No harm to try Theragesic topically
- Heat 10 minutes then Ice 10 minutes – the old standby
- Tricyclic prescription medication your doctor needs to prescribe
- Tramadol by prescription for pain at night may be required.

Injection

If pain is somewhat severe and not subsiding with the measures listed above, I have on occasion injected the area. I use a steroid named Celestone and a local anesthetic, Xylocaine.

The needle placement is guided by Ultrasound in the office because the medication has to be in the right place and not injected into the lung.

Well, that's all I can tell you about Costochondritis and its treatment. I hope none of you ever get it, but I do see a few cases every year so somebody will experience it I'm sure.

As I said last week, if the sharp pain in your chest is new and unexplained, I advise you to seek medical help soon and not wait. If it is a heart attack, treatment can begin at once. If it isn't you will be relieved and the treatment of costochondritis can proceed when you are seen in the office.

See you next week.

Gratiot County Herald Archive and Office Website

I sincerely appreciate all of you loyal readers and patients present and future and welcome to all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the 1) Website Library 2) Your Orthopaedic Connection 3) complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush