



JACOB ABRAHAM

58 Y/O

6'0 (183 CM)

216.0 LB (98.2 KG)

REASON FOR ENCOUNTER

BURNING CHEST DISCOMFORT

Summary

Exercises

References

Case Summary

Learning Outcomes

1. Can list other non-cardiac causes of chest discomfort.
2. Can explain a diagnostic approach for the identification of the cause of the chest discomfort that is accurate and efficient.

Clinical considerations and pearls

1. Always identify the must-not-miss diagnoses and ensure those have been sufficiently ruled-out or treated as quickly as possible.
2. Do not get locked into an approach that excludes "atypical" presentations of typical diagnoses. Myocardial ischemia can present with atypical symptoms, so stay alert.
3. Benign diagnoses such as esophageal spasm and GERD, although not life threatening, can be equally painful and should be treated promptly.

Patient disposition

The patient decided he would rather try weight loss and exercise first rather than missing his evening drink with his wife. He started by first having breakfast, packing his lunch so he could save time and walk during lunch. This also allowed him to save a bit of money each week for the college fund. His daughter turned 16 y/o and got an after school job to try to help with the college expenses. As of last month, the patient had lost 12 lbs.

Case Study: Jacob Abraham CC:58 – Year-Old Female with Burning Chest Discomfort

Patient History:

- **Medical History:** (e.g., hypertension, diabetes, hyperlipidemia, GERD, CAD, etc.)
- **Medications:** (List any current medications, including OTC and supplements)
- **Lifestyle Factors:**
 - **Smoking:** (Yes/No, pack years)
 - **Alcohol Use:** (Yes/No, frequency)
 - **Diet:** (Any relevant dietary habits contributing to risk factors)
 - **Exercise:** (Sedentary, active, etc.)

Symptoms:

- **Onset:** (Sudden or gradual)
- **Duration:** (How long the discomfort has been present)
- **Severity:** (Mild, moderate, severe – using a pain scale if applicable)
- **Description:** (Burning, pressure, stabbing, radiating to jaw/arm, etc.)

- **Aggravating Factors:** (Exertion, lying down, eating, stress, etc.)
- **Relieving Factors:** (Rest, antacids, nitroglycerin, etc.)
- **Associated Symptoms:** (Shortness of breath, diaphoresis, nausea, palpitations, etc.)

Physical Examination Findings:

- **Vital Signs:** (BP, HR, RR, SpO2, Temperature)
- **General Appearance:** (Distressed, pale, diaphoretic, etc.)
- **Cardiovascular Exam:** (Heart sounds, murmurs, pulses)
- **Respiratory Exam:** (Lung sounds, accessory muscle use)
- **Gastrointestinal Exam:** (Epigastric tenderness, rebound tenderness, etc.)

Diagnostic Tests:

- **ECG Findings:** (Normal, ST changes, T-wave abnormalities, arrhythmia)
- **Blood Tests:**
 - **Troponins:** (Elevated/Normal)
 - **D-dimer (if PE suspected):**
 - **Lipid Panel & Glucose Levels:**
 - **CBC/BMP Findings:**
- **Imaging:**