

Differential diagnosis of chest pain

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Introduction. Evaluation of the patients with chest pain is one of the biggest challenge for doctors. The priority is to exclude life-threatening causes of chest pain, acute coronary syndrome, aortic dissection, pulmonary embolism, rupture of the aortic aneurysm, and tension pneumothorax.

Case report. A 35-year-old man was admitted because of chest pain and concave ST elevation in inferior leads. Urgent coronarography was performed and coronary blood vessels are without significant stenosis. Echocardiography was normal. Cardiospecific markers as well as markers of inflammation were in the reference range. Signs of spontaneous pneumothorax in the apex of the left lung is registered on the chest X-ray. This pneumothorax did not require chest surgery and patient was discharge for home treatment.

Conclusion. In young, tall and skinny men in their third decade of life with a long-term smoking experience, pneumothorax should be thought of as a possible cause of chest pain. A detailed medical history and careful clinical examination, with adequate consideration of the clinical variables, contribute to the correct diagnostic-therapeutic algorithm.

Key words: chest pain, differential diagnosis, spontaneous pneumothorax