

# Sudden chest pain?

One of the scariest things that anyone can experience is the sudden onset of chest pain. In that moment, one is frightened to the core, afraid that this is their last day on earth. Yet, it is not always due to the heart, but often to more benign causes including many gastrointestinal reasons.

We know that heart attacks kill more Americans annually than cancer or any other ailment, so we are correct in fearing chest pain. But that is what needs to be ruled-out first.

Heart related chest pain usually occurs after some exertion or exercise (heavy lifting, straining, walking stairs, running, etc.). Chest pain can be sharp or pressure-like, but at times can be a burning sensation, that can be confused with heartburn. The pain can be associated with radiation to the left shoulder and arm, sweats, shortness of breath and even nausea. It usually improves after resting and can resolve in 5-10 minutes. If it continues for much longer, it may represent ongoing cardiac damage, or a pain that is not due to the heart at all. These pain patterns however, require a trip to the emergency room to check out the heart. After a cardiology work up shows it is not a heart problem, a gastroenterologist should then evaluate the esophagus and stomach. If the pains occurred at rest, for instance while watching TV, and it is a tightness in the chest, or a burning sensation after a large meal, the likelihood is that this may be due to a gastrointestinal cause. It turns out that recurrent reflux, ulcers of the esophagus or stomach, esophagitis, gastritis, and esophageal infections can all cause chest pains. Esophageal spasm may also mimic chest pains due to the heart.

Since the same nerves that go to the heart go to the esophagus, the sensation of chest pain may be stimulated by esophageal spasms or by acid burning the inside of the esophagus or stomach. This is what makes it very confusing to the lay person and why it is so frightening each time this happens. This is also the reason why many people show up in the ER multiple times, until a diagnosis is made and they get the correct treatment.

A careful history from the patient is essential to differentiate heartburn from ulcerations or spasms of the esophagus. The gastrointestinal work up typically includes Gastroscopy, where a tube is passed through the mouth to evaluate the esophagus and stomach (when the patient is sedated). This is helpful to rule out esophageal ulcers, esophagitis, infection, tumor, gastritis or stomach ulcers.

Treatment can range from ulcer therapy with medications

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to surgery for the rare esophageal tumors. Anxiety or stress may also be a cause of esophageal spasm and recurrent, non-exerting and often long lasting chest pains. Sedatives and antidepressants are used to treat the underlying anxiety and control the symptoms of chest pain.

So remember, sudden onset of chest pain means that you need to see a doctor right away to be sure it is not heart related pain. If that is ruled out, then you will need to see a gastroenterologist to find out what the cause is.

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