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THORACIC OSTEOCHONDROSIS IN THE DIFFERENTIAL DIAGNOSIS OF CARDIAC AND SURGICAL DISEASES

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7 to 11% of people complain of chest pain. The origin of thoracalgia has over 400 causes, which are studied by various disciplines: cardiology, neurology, gastroenterology. Speed and accuracy diagnostics are necessary in the study of these patients.

Vertebrogenic cardialgia is manifested by angina pectoris - pain in the region of the heart during physical activity; sinus arrhythmia; bradycardia; tachycardia; atrial extrasystole; cardiac asthma - lack of oxygen at rest even with the presence of tachycardia; cardiac insufficiency at low loads; spasms of the coronary arteries. These symptoms were observed in patients whose feature was a weak or complete absence of lesions of the coronary arteries of an atherogenic nature in the presence of severe manifestations of osteochondrosis in the cervicothoracic region.

Ischemic heart disease is characterized by localization of pain behind the sternum, having a pressing, compressive, bursting, burning nature. Pain can radiate to the neck, shoulder, left arm, shoulder blade, epigastric region, the right half of the chest and the right arm. These symptoms are accompanied by anxiety, fear of death, general fatigue, sweating and nausea. The duration of pain symptoms takes no more than 15 minutes.

Dissecting aortic aneurysm gives long-term pain symptoms of "hard" character in the back, radiating to the lumbar, but never manifests itself as pain front. X-ray examination shows expansion of the thoracic aorta, and echocardiogram - double shadow of the aortic wall. An enlarged aorta can compress nerve centers near the spinal trunk, which entails the appearance of pain drilling character with amplification at night.

Symptoms of acute coronary syndrome are not specific. There are compressive, constricting, lingering burning pains behind the sternum or in the depths of the chest. Pain does not have clear boundaries, lasts 10-20 minutes or more. Often pain symptoms radiate to the left arm, shoulder, throat, lower jaw, and in some cases are present only in the area of irradiation, excluding the chest. Patients may experience only an unpleasant sensation, which is often associated with a disordered digestion. These symptoms may be accompanied by sudden shortness of breath, sweating, general weakness, feeling of nausea and vomiting, palpitations and dizziness. Development symptoms are fast, prolonged and progressive. Patients, previously taking nitrates for angina pectoris, note that the pain does not go away after applying usual doses. Suspicion of ACS arises when the destabilization that existed in patients with angina pectoris.

A distinctive feature of thoracic osteochondrosis as a source of chest pain cage - the appearance of pain when moving the arms, passively tilting the head with a turn in sick st defense. Palpation along the course of the intercostal nerves can reveal painful points. Pain is intense and prolonged in the left half of the body, radiating in the same direction.

When differentiating pain, the following parameters are used: localization and depth, intensity, nature, conditions of occurrence and termination, duration, concomitant symptoms, irradiation, prescription of pain. The general rule for the development of pain is the functional load on the diseased organ. For the heart is an increase in work during physical exertion, mental stress, hyperventilation when exposed to cold. Pain in the affected organs of the gastrointestinal tract occurs when swallowing, on an empty stomach or lying down, after heavy drinking, eating. With damage to the musculoskeletal system, pain occurs with prolonged adynamia and is accompanied by a feeling of numbness, weakness, irradiation to the region of the heart and sternum.

So, differential diagnosis of chest pain is difficult. task that requires approaching this issue from several angles. The doctor needs to know about the key signs of possible diseases.