(Retro)sternal chest pain?

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Abstract A 58-year-old man with a significant medical history notable for a coronary artery bypass graft (CABG) in 2001 presented at our emergency ward with retrosternal chest pain caused by a dehiscence of the sternal wires post CABG.

Keywords Dehiscence · Retrosternal · Chestpain · Cardiac · Coronary artery bypass graft · Refixation

A 58-year-old man with a medical history notable for a coronary artery bypass graft (CABG) presented to our emergency department with a persistent and recognisable chest pain. Vital signs, electrocardiography, echocardiogram, physical examination and laboratory examination showed no abnormalities. Since the patient, with a significantly increased cardiovascular risk, was suffering from typical angina pectoris while receiving optimal treatment, a diagnostic cardiac catheterisation followed.

Diagnosis

Cardiac catheterisation revealed no significant stenosis but showed an obvious sternal dehiscence (Fig. 1) which may explain the symptomatology. In retrospect, a chest X-ray (Fig. 2) showed broken cerclage wires. Many mechanisms have been proposed to explain this development. These theories include inadequate sternal fixation or inadequate surgical drainage leading to instability and sternal dehiscence. Patient risk factors include obesity, chronic cough, steroid therapy, immunosuppression and advanced age. In patients who have chest pain and obvious cardiac history,

Fig. 1 Catheterisation of the coronary arteries showing sternal dehiscence

angina pectoris should be considered. However, other possible diagnoses should also be taken into account.

Fig. 2 Lateral chest X-ray showing broken cerclage wires

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