CORRESPONDENCE

The Interdisciplinary Management of Acute Chest Pain

by Dr. med. Raphael R. Bruno, Prof. Dr. med. Norbert Donner-Banzhoff, Prof. Dr. med. Wolfgang Söllner, Prof. Dr. med. Thomas Frieling, Prof. Dr. med. Christian Müller, and Prof. Dr. med. Michael Christ in issue 45/2015

Additional Support Necessary

We thank the authors for their successful presentation (1). However, even after excluding relevant cardiovascular or pulmonary diseases, there is still a group of patients remaining who experience relevant complaints. In fact, the associated nervous tension often leads to relapses, which can in turn lead to numerous admissions to the hospital. Therefore, and based on my experience, additional support is required. Attention should be paid to the causes of frequent musculoskeletal pain in terms of functional disorders of the skeletal and locomotor systems. Research has revealed that about half of these patients have problems in the areas of the shoulder, neck, thoracic spine, or sternocostal compound joints (2). At least one-quarter of the patients had symptoms of fibromyalgia or true inflammatory joint disease (2). Additionally, herpes zoster in its initial stage should be considered (3). In some cases, pseudo-angina pectoris pain can be attributed to disc herniation, even in the lower cervical spine (4). Unusual pathologies, such as arthritis of the sternoclavicular joint, are rarely the basis for non-cardiac chest pain. After excluding life-threatening diseases, I believe that a strong collaboration with orthopedic pain specialists is necessary to achieve a good treatment outcome and to provide the patients with explanations for their complaints and treatment approaches.

DOI: 10.3238/arztebl.2016.0362a

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Conflict of interest statement

The author declares that no conflict of interest exists.

Dangerous Statements

In the CME article „The Interdisciplinary Management of Acute Chest Pain,“ the rule-in and rule-out criteria are presented within a proposed 1-hour algorithm (1). Dissemination of such criteria for the hs-cTnI assay (Dimension Vista, Siemens Healthcare) is highly dangerous, as there is no such assay on the market—the only available assay is several-fold less sensitive. While these criteria have been recently included in the European Guidelines, they have only been used with an assay intended for research that has never reached market maturity.

These statements are therefore dangerous, as physicians who work in hospitals, and whose laboratories are equipped with the Dimension Vista analysis system, may wrongly assume that the troponin I assay can be applied to the criteria. Within the daily routine, it can happen that not enough attention is paid to the units of the laboratory values (given here as ng/L), which could lead to fatal misjudgements. I have published a letter concerning this in „Clinical Chemistry and Laboratory Medicine“ (2).

I would kindly request that you correct this, as presenting this incorrect figure could have serious consequences for patients

DOI: 10.3238/arztebl.2016.0362b

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We thank the authors for the numerous discussions initiated by our article „The Interdisciplinary Management of Acute Chest Pain“ (1). Our colleague Dr. Bambach refers to other important causes of acute chest pain, such as herpes zoster in its initial stage and additional distinct manifestations of skeletal and muscular problems, the clinical significance of which is widely accepted. Unfortunately, we could not address all of these important aspects due to limitations in the scope of our article. Many of the causes referred to by Dr. Bambach are in turn closely related to non-somatic causes of pain in general, and to chest pain in particular. For this reason, orthopedic surgeons and pain specialists should also be included in the treatment plan as a matter of course.

Dr. Zur refers to the potential hazards associated with the clinical introduction of a 0-/1-h algorithm for evaluating acute chest pain (2). He points out that, in the current ESC guidelines (3), the hs-cTnI assay (Dimension Vista, Siemens Healthcare) mentioned for this algorithm is not currently commercially available in Germany and could possibly be confused with a distinct one that is on the market. We would like to explicitly affirm the importance of involving a competent specialist—in this case, a laboratory physician—when new algorithms are introduced to clinical routine and emergency diagnostics, to ensure a high level of patient safety. Meanwhile, a large multicenter prospective study of the algorithm proposed in the ESC guidelines has been prospectively validated for the hs-TnT assay (Roche Diagnostics) (4).

DOI: 10.3238/arztebl.2016.0362c

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Conflict of interest statement

Prof. Christ has received consulting honoraria, reimbursement for scientific conference preparation, and research support (third-party funding) for both self-initiated projects, as well as for clinical trials conducted on their behalf, from Roche Diagnostics Alere GmbH and Philips GmbH.

Dr. Bruno declares that no conflict of interest exists.