

## An Old Man with Unusual Precordial Pain

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### Abstract

We describe an interesting case of unusual origin of precordial pain. A 75-year-old man was admitted to the Emergency Room of José Frota Institute, Fortaleza city, Brazil, because of precordial pain and malaise, three days after eating a bread. Physical examination was unremarkable. The electrocardiogram showed diffuse upward ST-segment. A chest radiography showed a foreign body (a pin) in the topography of the esophagus. Esophagoscopy was performed and the pin was removed, with improvement of the patient.

**Keyword:** Precordial pain, Pericarditis, Foreign body, Esophageal trauma. Electrocardiogram, Esophagoscopy

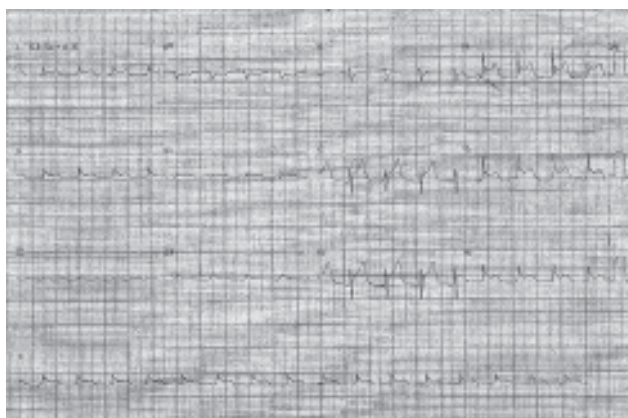
### Introduction

Precordial pain is a common complaint in the Emergency Department and the main cause is heart disease. Unusual causes may occur. We describe an interesting case of unusual origin precordial pain.

### Case Report

A 75-year-old man was admitted to the Emergency Room because of precordial pain and malaise. The patient had been well until 3 days earlier, when the pain developed, after eating a bread. He reported difficulty in masticating foods and used a total dental prosthesis. Physical examination was unremarkable. An electrocardiogram (ECG) was performed and showed diffuse upward ST-segment (Fig.-1). Myocardial enzymes were negative. A chest radiography showed a

foreign body in the topography of the esophagus, a kind of metal pin (Fig.-2). Esophagoscopy was performed and the pin was removed. There was laceration of the mucosa and



**Fig.-1:** Electrocardiogram showing diffuse upward ST-segment



**Fig.-2:** Chest radiography showing a foreign body in the topography of the esophagus

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purulent secretion. The patient developed fever and was successfully treated with antibiotics.

### Discussion

This is a rare and unusual case of precordial pain simulating a myocardial infarction in an old patient. The ECG showed diffuse ST changes. This abnormality was suggestive of pericarditis, in which ECG abnormalities include diffuse concave-upward ST-segment elevation.<sup>1</sup> Chest radiography evidenced the presence of a foreign body in the esophagus, which was removed through esophagoscopy. The management of patients suffering from esophageal trauma depends on a prompt diagnosis. Esophagoscopy was efficient in removing the foreign body and this is an accurate

diagnostic tool in the assessment of esophageal injuries.<sup>2</sup> The association between the esophageal lesion and ECG abnormalities was not elucidated, but a possible cause and effect relationship could be attributable to direct pericardial irritation caused by the metal pin in the esophagus.

**Conflict of interest:** None

### References

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