

CHEST WALL SYNDROME – Review of the 300 patients of the TOPIC study

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Aims : To obtain further clinical and epidemiological data concerning chest wall syndrome (CWS).

Methods : From 672 ambulatory patients prospectively and consecutively included for thoracic pain, 300p with CWS were followed over one year by 56 primary care physicians.

Results : CWS represented 1.3% of 24 000 consultations and affected all ages. Sex ratio was one. Pain was generally weak to moderate, well localised -mainly in the left chest-, intermittent over a number of hours or days, and amplified by position or movement. Pain however may be acute and intense and/or irradiated in the left arm.

210 p were affected at a single thoracic point. For 194 the syndromes were specifiable, most frequently: -left pectoralis (14% of 300p), left mid-costochondral (12%), sternalis (8%), left upper-costochondral (6%)... 88p were affected at several points: left upper+mid-costochondral (7%), sternalis+left upper-costochondral (3%)...

Aetiology was not clear but consequent upon cough or dyspnoea (11%), fibromyalgia (3%), thoracotomy (3%) or other causes (8%). Most patients expressed anxiety and reciprocally, CWS appeared in a context of psychosocial stress (13%). CWS coexisted with coronary disease in 18p. Only few exams were conducted, since history and sensibility to palpation were the keys for diagnosis. Nonetheless sensibility was absent in 47p. Treatment (drugs, physiotherapy) was considered necessary in only 92p and further consultations in 69p. Outcome at one year was favourable (one related hospitalisation, no deaths) even though CWS recurred frequently.

Conclusions : CWS is common and benign but leads to anxiety. Coexistence with coronary heart disease needs careful consideration.