

Thoracale pijn

THORACALE PIJN

DIFFERENTIAALDIAGNOSE

De differentiaaldiagnose van thoracale pijn is uitgebreid en vaak moeilijk op basis van de kliniek te stellen

Cardiovasculair

- acute cardiale ischemie
- acute pericarditis
- aortadissectie
- kleplijden

Gastro-intestinaal

- oesofageale reflux
- galkolieten
- gastritis
- maagzweren
- oesofagale ruptuur

Longen

- longembolen
- pleuritis
- pulmonale hypertensie
- pneumothorax
- pneumonie

Andere

- muskuloskeletaal
- herpes zoster
- functioneel

Coronair vaatlijden

Risicofactoren:

- man >40j
- vrouw >55j (postmenopausaal)
- hypercholesterolemie
- hypertriglyceridemie
- hypertensie
- familiale belasting
- diabetes

roken

klinisch beeld:

angst

kortademig

drukkend gevoel:

versmachtende pijn

uitstraling naar arm en/of kaak

hartritme

tachycard

bradycard

zweten

nausea, braken

Tekens van congestief hartfalen

opgezette halsvenen

perifeer oedeem

longoedeem

Aorta dissectie

risicofactoren:

hypertensie

bindweefselziekten

zwangerschap

familiale belasting

kleplijden

ouderdom

klinisch beeld:

plots ontstane and pijn met maximale intensiteit

scheurende pijn

uitstraling naar rug

hypertensie

verschillen in pulsaties vd liezen/benen

neurologische afwijkingen

Longembolen

Risicofactoren

tumoren

zwangerschap en postpartum

orale contraceptiva

postoperatief

immobilisatie

familiale belasting

antitrombine 3

deficiëntie van

proteïne S

proteïne C
factor 5
ouderdom
trauma

klinisch beeld
pleurale pijn
kortademigheid
angst
zweten
tachycardie
lage koorts
gelocaliseerde crepitaties
wheezing
soms hemoptoe

Acute pericarditis

Risicofactoren
trauma
tumoren
collageen vaatlijden
anticoagulantia
recent myocardinfarct
anticoagulantia
medicatie
recente virusinfectie
uremie

Klinisch beeld
retrosternale pijn met als eigenschappen:
varieert met ademhaling
neemt af bij voorover buigen
neemt toe bij plat liggen

angst
geen eetlust
koorts
pericardiaal wrijfgeruis

Anamnese bij thoracale pijn
duur van de pijn
locatie van de pijn
retrosternaal
substernaal
diffuus
frequentie

- constant
- intermittent
- plots ontstaan
- uitlokkende factoren
 - inspanning
 - stress
 - eten
 - ademhalen
 - bewegen
- aard van de pijn
 - brandend
 - beklemmend
 - vaag
 - scherp
 - scheurend
 - zwaar gevoel
- geassocieerde symptomen
 - kortademigheid
 - zweten
 - nausea, braken
 - palpaties
 - zwaktegevoel
 - vermoeidheid
- pijn elders:
 - kaak
 - rug
 - uitstraling

ECG

cardiale ischemie
sensitiviteit voor AMI is $< 40\%$

verdachte tekenen:

- T-top inversie
- ST-inversie
- nieuw ontstane bundeltackblok

belangrijk is
vergelijken met oude ECG's
series van ECG's

Longembolen:

- vooral veranderingen in
 - S1
 - T3
 - Q3
- sinustachycardie bij $< 50\%$

Aortadissectie
soms beeld van inferior AMI door dissectie vd rechter coronair

Acute pericarditis

diffuse ST elevaties
gevolgd door T top inversie behalve in V1
PR depressie

Laboratoriumresultaten:

Troponine T of I, CK en CK-MB
Hoog predictieve waarde als +
Als initieel - is AMI niet uitgesloten
Herhaalde metingen nodig

D-Dimeren
sensitief maar niet specifiek

serum lipase
acute pancreatitis

Echocardio

Beste onderzoek voor:
hartkleppen
pericard
vullingstoestand

nuttig bij aortadissectie

wanneer bij echocardiografie denken aan longembolen?
rechter ventrikel dilatatie en hypokinesie

Stress ecg
bij patiënten met negatieve enzymes

CT-thorax

wat kunnen we zien?
aortadissectie
longembolen

Ventilatie/perfusiescan
voor longembolen

Angiografie
voor dissectie

MRI

voor opvolging stabiele dissecties of aneurysmas

Eerste opvang

ABC

IV lijn

O2

monitoring

pijnstilling

Medicatie

op indicatie

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