The Catholic Doctor Is In: Am I Having a Heart Attack?

It was 1 a.m. and I got called to the emergency room to see a consult. It was a gentleman in his late 50s that presented with mid scapular back pain. The pain woke him up from sleep and was quite intense for 45 minutes. The pain resolved as he arrived in the emergency room. His EKG was normal. Blood work was in normal range. A chest CT excluded aortic dissection and pulmonary emboli. His physical exam was unremarkable. After a full discussion with the patient, and believing this was not an indication of a serious problem, I decided to release him to follow up with me in a few days.

At 5 a.m., just as I was finally drifting back to sleep, I get a stat page to the ER and the same man was back with the same back pain but this time it was more severe and his EKG now showed an acute heart attack. As I raced to get dressed I surmised that if I promptly gave this man a thrombolytic (clot buster) there was a good chance we could reverse the heart damage that was beginning to take place.

As I drove to the hospital I am embarrassed to say my thoughts turned self-centered and I began to think about what would happen to me if the patient didn't do well. Maybe he would decide to sue me. I could already hear the claimant's attorney saying, "This doctor sent a man home from the ER in the early stages of a heart attack!" Yep, lawsuit No. 1 for this young cardiologist. Well, not quite. The clot buster worked and in 30 minutes this CEO of a local company was smiling and laughing with me. Praise God!

This encounter actually happened way back in the 1980s and, it would forever change my philosophy about sending people home from the ER. I have learned that if I don't have a definitive diagnosis that I know is benign, then I will typically keep patients overnight for further monitoring and reassessment in the morning. Another way to put it, if someone feels bad enough and is concerned enough to come to the ER then I need to take their symptoms very seriously. But, remember no doctor has all the answers and all doctors look back on diagnostic mistakes they made over the years.

The typical symptom of a heart attack (myocardial infarction) is chest pain. The chest pain is usually substernal (over the breast bone) or a little left of center and is described as a severe constant pressure or tightness. It frequently radiates (travels) to the left arm. Sometimes, it radiates to both arms or to the neck or jaw. Occasionally there is no chest pain but only arm pain, neck pain or jaw pain at presentation. Profuse diaphoresis (sweating) is common. Nausea may be present. Most people look sick as in pale or ashen. A significant percentage of people complain of being breathless. Chest discomfort

that occurs during exertion and is relieved with rest is usually angina (heart pain) and many patients experience this in the weeks leading up to their heart attack. But, plenty of people have their very first episode of chest pain during their first heart attack.

Symptoms that are unlikely to be the heart include sudden, sharp, even severe chest pain that lasts five to 15 seconds and resolves as quick as it came is almost never heart pain. Pleuritic chest pain (pain that occurs with taking a breath) is very unlikely cardiac and is likely coming from the lungs. If you are getting intermittent chest discomfort at rest but with exercise you feel better and the exertion does not provoke the discomfort then it is unlikely that the chest pain is coming from the heart.

Despite what I have just outlined, heart related symptoms can be very tricky, and getting to the hospital promptly if you think you are having heart attack is key to preventing significant heart damage.

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