

### Chief Complaint:

M.S is a 37 year old male with a chief complaint of chest pain for the past 2 days.

### History Elements:

- Chest pain- sharp pain, stabbing centralized, radiating to left shoulder, worsens with deep inspiration and laying down, relieved by sitting up. Onset- 2 days ago. Severity 8/10.
- Reports low grade fever at home(TMAX 100.4)
- Reports SOB
- No recent trauma.
- No recent travel
- No sick contacts
- No acute illness's
- No recent surgery
- No history of substance abuse, minimal alcohol use (1-2 glasses wine/ wk), 1 cup of caffeinated coffee daily.
- No cough, hemoptysis, N/V/D, Jaw pain, Radiating left arm pain,
- No history of CVD disease, No history of MI's or other cardiac events,

### Physical Exam:

- Vital signs – P 102 bpm, BP 132/82, RR 22 breaths/min, Temp 37.9 ° C
- General- Alert, oriented, patient appears uncomfortable and in distress
- Cardiovascular- No noticeable pulsation, JVD upon inspection , No thrills or heaves palpated, pericardial friction rub heard over left sternal border, no murmurs or gallops appreciated.
- Respiratory- Clear to auscultation bilaterally
- Abdominal- normal bowel sounds, non-tender, no hepatosplenomegaly
- Extremities- Peripheral pulses are 2+ symmetrically, No clubbing, cyanosis, erythema, or edema

### Differential Diagnosis:

- Acute Pericarditis
- Acute Coronary Syndrome
- Pericardial Effusion/Cardiac Tamponade
- Pulmonary Embolism

### Tests

- EKG- Diffuse ST segment elevations and PR depressions
- CXR- No abnormalities found
- Echo- Pericardial wall thickness of 5 mm (abnormal)
- Troponin X2 – negative
- CBC - WBC 13,500 cells per microliter (elevated)
- ESR- 28 mm/hr (elevated)
- CRP- 18 mg/dL (elevated)
- BNP- 85 pg/mL (normal)
- D-Dimer .30 mg/L (normal)

#### Treatment

- 600 mg Ibuprofen TID 2-4 weeks (depending on severity)
- 0.5 mg Colchicine BID 3 months (prevent future recurrence)
- If there is no relief of symptoms corticosteroid therapy will be considered

#### Pt. Counseling

- Monitor for any symptoms that would require immediate medical attention (worsening chest pain, Fever, prolonged SOB)
- Educate on the importance of medical adherence, and avoiding strenuous activity until full resolution of symptoms.
- Recommend cardiology follow-up to aid with recovery and prevention of complications.