

Source: Henderson MC, Tierney LM, Smetana GW: The Patient History: An Evidence-Based Approach to Differential Diagnosis: www.accessmedicine.com

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Chest Pain

| Angina pectoris | Discomfort in the chest and/or adjacent areas (jaw, shoulder, back, arm), usually, but not always, due to myocardial ischemia. |
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| Typical angina | Substernal chest discomfort with the following features: Characteristic oppressive quality (described as "pressure," "squeezing," or "heaviness," but almost never sharp or stabbing) and duration (typically minutes). Provoked by exertion or emotional stress. Relieved by rest or nitroglycerin (within several minutes). |
| Atypical angina | Chest discomfort that meets 2 of the typical angina characteristics. |
| Noncardiac chest pain | Chest pain that meets 1 or none of the typical angina characteristics. |
| Pleuritic chest pain | Sharp chest pain that increases with inspiration or cough. |
| Canadian Cardiovascular Society (CCS) Angina Classification System | Clinical grading system based on degree of limitation of ordinary physical activity: Class I: No limitation Class II: Slight limitation Class III: Marked limitation Class IV: Angina occurs with any physical activity or at rest |
| Myocardial infarction (MI) | Prolonged severe anginal discomfort associated with myocardial necrosis. |
| Unstable angina (UA) | Angina presenting as rest angina, severe new-onset angina (CCS class III or IV), or acceleration of previously diagnosed effort angina (to at least CCS class III). |
| Acute coronary syndrome (ACS) | Any clinical presentation compatible with acute myocardial ischemia (encompassing MI and UA). |