RADICULAR SYNDROMES

. WITH EMPHASIS ON

CHEST PAIN

SIMULATING

CORONARY DISEASE

DAVID DAVIS

Radicular Syndromes

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CHEST PAIN

Simulating Coronary Disease

by

DAVID DAVIS, B.S., M.D.

Member, American Society for Clinical Investigation; formerly, Instructor in Medicine, Harvard University Medical School; Medical Staff, Beth Israel and Faulkner Hospitals, Boston



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To JEAN AND RICHARD and to the memory of DR. SAMUEL C. MINTZ



Preface

This short text on cervical and upper thoracic root syndromes grew out of my interest in coronary disease and my mistakes in diagnosis during a period when I was largely unfamiliar with the role of root compression as a cause of chest pain. Doubts led to re-evaluation, and in several instances patients who had been thought to have coronary disease were found instead to have root chest pain.

Orthopedic surgeons were consulted, the literature studied, and further clinical observations made. Related symptoms, such as vertigo and respiratory distress, were noted. The close association of chest symptoms with symptoms involving the neck and shoulders, plus the fact that chest symptoms may arise from the lower cervical as well as the upper thoracic roots, brought both spinal areas under focus.

The observation that radicular syndromes are common but not often enough recognized, and the fact that the literature, at least from the internist's or general practitioner's point of view, is meager, suggested that a short, comprehensive summary of this kind could be useful.

Case reports are presented to illustrate the large variety of symptoms that simulate coronary disease and its manifestations. Some of the data in the section on chest pain and chest wall tenderness are new, and the material on respiratory distress and vertigo is not available in other texts. Additional material in this book is based on the contributions of other investigators. I am especially indebted to texts, dealing with special aspects of the problem, by Frykholm; Judavitch and Bates; Goldthwait, Brown, Swaim, and Kuhns; Bradford and Spurling; White and Sweet; and Tarsy. My warmest personal thanks go to Dr. Max Ritvo for advice and help in the preparation of the chapter on roentgen findings; to Dr. Mark Aisner for reviewing the manuscript and encouraging its publication; to Dr. George M. Lane for pointing out, many years ago, the spinal origin of chest wall tenderness; and to my wife, Jean, for her critical study of the text and her many valuable suggestions.

-DAVID DAVIS.

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