

INTRODUCTION

- Trigger points are discrete, focal, hyperirritable spots located in a taut band of skeletal muscle, which are involved in muscle stiffness, tenderness, and referred pain.
- These points can form from repetitive microtrauma, causing stress to the muscle fiber.
- A neuroma is a non-cancerous tissue growth that can form due to swelling of nerve tissue after damage to nerves.

CASE

- 78-year-old male with a past medical history significant for hypertension, hyperlipidemia, coronary artery disease status post-CABG x3 followed by sternal wire removal six months later, paroxysmal atrial fibrillation, and Guillain-Barre Syndrome (diagnosed at 60 years old) who presented as initial visit referral from the cardiothoracic surgeon for further evaluation of mid-chest pain.
- The pain was initially attributed to the sternal wire from the prior procedure. The wire was subsequently removed, but the patient continued experiencing reproducible pain while golfing.
- He had been using a home vibrating massage device, topical non-steroid anti-inflammatory drugs (diclofenac gel), and cold compress to the chest area, all of which only provided minimal pain relief. He reported being able to reproduce the pain with a golf-swinging motion, but the pain was not reproducible to palpation.

METHODS

- On evaluation of the patient at the pain clinic, the pain distribution was consistent with a localized neuroma accompanied with myofascial tension.
- A trigger point injection under ultrasound guidance was performed with local anesthesia consisting of 1mL of 1% lidocaine and 1 ml of 40mg/mL of methylprednisolone to the pectoralis major muscle along the patient's reported location.

RESULTS

- The patient tolerated the procedure well without complications.
- On follow-up one week later, the patient reported 100% pain relief and had resumed his daily activities including golfing.

Successful Treatment Of Chronic Post-operative Chest Pain After CABG With Trigger Point Injection.



- Pectoral muscles, serratus anterior, and scalene muscles may cause chest pain that is not reproducible on palpation during physical exam.
- It is important to consider myofascial pain syndrome in patients with persistent chest pain when other common or serious differential diagnoses have been addressed.

LIMITATIONS

- This is a single case study and may not be generalizable to broader patient populations.
- Information is restricted to a single patient's experience, which may vary from patient to patient.

REFERENCES

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