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Beyond the differential diagnosis of chest pain

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Background & Aim: A 37 year old woman, arrives to our clinic referring 'I don't know what is happening, but I can not anymore.' Medical history: Allergy to Amoxicillin, smoker of 15 cigarettes/day. No other cardiovascular risk factors. In 2012 suffered a first episode of oppressive chest pain with shortness of breath and palpitations being in a party, that resolved spontaneously in 15-20 minutes. When she consulted in Emergengy, she was cataloged of anxiety. After several months asymptomatic, she begins again with episodes of chest pain with similar characteristics, sometimes irradiated to arms, starting on slight exertion, disappearing in 10-30 minutes. These events begin to occur almost daily, leading to multiple visits to the emergency service with no ECG repolarization abnormalities and without alteration of cardiac enzymes. The patient shows multiple Emergency discharge reports with a diagnosis of musculoskeletal chest pain, anxiety, etc. She insists that it has been forced to limit her life because fear of pain.
Method: Good general condition. Eupneic. ACR: rhythmic heart sounds without murmurs. Preserved breath sounds, no noise added. No lower limb edema. ECG: sinus rhythm to 80lpm, right axis, unchanged repolarization. Analysis: Normal and TSH included. We decided referring to Cardiology, where it takes place: Ergometers: The test was suspended because a 2mm ST depression in inferior and left precordial leads occurred. Given this results, the patiens was referred to the emergency for hospitalization and performed cardiac catheterization and was diagnosed with anterior descending coronary Milking.
Results: The intramyocardial bridge is a congenital disorder caused by a segment running intramyocardial coronary artery, with each systole stenosis of the vessel lumen occurs, even to collapse the artery (milking).
Conclusions: The intramyocardial bridge has an incidence of 5 to 25%, although its incidence in autopsy studies rises to 85%. Despite these figures and the potential severity of the patient it does not appear in the differential diagnosis of chest pain in everyday medical literature. But more important as general practitioners is the importance of listening to patients, especially when the complain is a very serious constraint on her daily lives as with our patient.