

CHEST PAIN

This provides suggestions as you engage in shared health care decision-making with Veterans. It is not intended to replace clinical judgement.

Chest pain is a common symptom with almost 5% of those diagnosed with COVID-19 reporting chest pain >12 weeks after initial illness.¹⁰ (Whitaker M, 2022) The usual conditions are considered in the differential for recurrent chest pain.¹¹ (Gluckman T, 2022) In particular after COVID-19, cardiovascular conditions including myocardial infarction (MI) and myocarditis were noted to be higher compared to those without COVID-19, even in younger patients.¹² (Xie Y, 2022) The reason is unclear but may be related to virally mediated vascular endothelial injury or indirectly from the immune response.¹³ (Bellan M, 2021) Furthermore, there seems to be a number of people with atypical chest pain that may be part of a post-COVID-19 pain syndrome.

Things to Keep in Mind

- The evaluation is similar to routine evaluation for chest pain
- Maintain a high degree of suspicion for coronary artery disease (CAD), myocarditis/pericarditis, and venous thromboembolism (VTE) given elevated risk after COVID-19 infection
- Assess pregnancy/lactation status, review teratogenic medications

Evaluation

Labs to Consider

- None

Tests to Consider

- Additional testing as indicated by history and exam

PACT Management to Consider

- ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- For pleuritic pain or costochondritis:
 - [Diaphragmatic breathing](#)
 - Stretching
 - 1 or 2 weeks of low dose non-steroidal anti-inflammatory drugs (NSAID)
 - If signs and symptoms worsen, consider gastrointestinal causes like esophagitis or esophageal spasm

Consults to Consider

- Cardiology: if no improvement with initial therapies described, or concern for underlying cardiac disease or complications (myocarditis, heart failure, ischemia/CAD, arrhythmia)
- Physical Therapy: for accessory muscle usage/rib excursion after ruling out cardiac issues
- Chiropractic Care
- Whole Health System approach: health coaching, acupuncture

¹⁰ Whitaker M. Persistent COVID-19 symptoms in a community study of 606,434 people in England. *Nature Communications* 13, 1957 (2022). <https://doi.org/10.1038/s41467-022-29521-z>

¹¹ Gluckman T. 2022 ACC Expert Consensus Decision Pathway on Cardiovascular Sequelae of COVID-19 in Adults: Myocarditis and Other Myocardial Involvement, Post-Acute Sequelae of SARS-CoV-2 Infection and Return to Play. *J American College Cardiology*. 2022 May, 79 (17) 1717–1756. <https://doi.org/10.1016/j.jacc.2022.02.003>

¹² Xie Y. Long-term cardiovascular outcomes of COVID-19. *Nature Medicine* 28, 583–590 (2022). <https://doi.org/10.1038/s41591-022-01689-3>

¹³ Bellan M. Respiratory and Psychophysical Sequelae Among Patients With COVID-19 Four Months After Hospital Discharge. *JAMA Network Open*. 2021;4(1):e2036142. doi:10.1001/jamanetworkopen.2020.36142