Ryohei Ono¹, Hiroyuki Hamano² and Tsutomu Yarita³

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Xiphodynia

A 70-year-old woman presented with a 3-year history of occasional epigastric pain. With the exception of rib fractures four years earlier, her medical history was unremarkable. A forward-leaning posture worsened her pain. A physical examination revealed an immobile, firm, mass-like protrusion with tenderness in the epigastric region. Laboratory tests and electrocardiography revealed no abnormalities. Computed tomography showed an anterior projection of the xiphoid process at an angle of 128° from the sternal body, so a diagnosis of xiphodynia was made (Picture). The administration of a non-steroidal anti-inflammatory agent was initiated, and the pain promptly subsided. Xiphodynia, also known as xiphoid syndrome, is a rare cause of epigastric pain that may mimic acute coronary syndrome, esophagitis, cholecystitis, and costochondritis (1). The etiology of xiphodynia is associated with trauma, as in the present case. The mechanism underlying xiphodynia may involve an inflammatory process or muscular adhesions to the xiphoid process, and a certain period time may have elapsed after the trauma; indeed, the present patient showed a time lag between the trauma and the onset of the symptoms. Treatments include anti-inflammatory agents, injection of local anesthetic agents, low-level laser therapy, and xiphoidectomy (2).

The authors state that they have no Conflict of Interest (COI).

References


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¹Department of General Internal Medicine, Yarita Hospital, Japan, ²Department of Orthopedics, Yarita Hospital, Japan and ³Department of Surgery, Yarita Hospital, Japan

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Correspondence to Dr. Ryohei Ono, ryohei_ono_0820@yahoo.co.jp