

# Central California Pediatrics

July 2014

Specialty information for physicians who treat children and expectant mothers.



Amazing People. Incredible Care.

## Pediatric Chest Pain



Robert Appleton, MD  
Pediatric Cardiologist

Chest pain is a frequent problem in the pediatric population, accounting for 15% of all new referrals to pediatric cardiology. There are a number of possible etiologies. Although rare, a cardiac etiology is an obvious concern. Other etiologies for chest pain in childhood include:

- Musculoskeletal chest wall pain (15-31%), such as costochondritis, muscle injuries, and slipping rib syndrome.
- Psychogenic discomfort (30%), including stress-related anxiety, school phobias and hyperventilation.
- Idiopathic (28-45%).
- Esophageal pain (7-25%), such as gastroesophageal reflux, and problems with esophageal motility.
- Pulmonary causes (12-25%), including exercise-induced asthma and pneumonia.
- Cardiac disease (0.5-3%): Hypertrophic cardiomyopathy and an aberrant course of the coronary arteries present with chest pain, especially with exercise. Some patients with aortic valve stenosis may present with chest pain. Patients with cardiac dysrhythmias may confuse palpitations with chest pain. Other rare causes include aortic aneurysm dissection in Marfan's patients, myocarditis or pericarditis. Angina has been reported in late adolescence, especially in obese individuals, diabetics, Kawasaki patients, or those with familial hyperlipidemias.

### Testing

Patients with classic musculoskeletal chest wall pain don't require testing. Patients with a possible cardiac etiology for chest pain warrant an electrocardiogram. An ECG and echocardiogram may



be useful to rule out specific abnormalities such as hypertrophic cardiomyopathy, aberrant coronary arteries, aortic stenosis, pericardial effusion and other heart defects. If the history indicates a possible dysrhythmia, a 24-hour Holter or 30-day event monitor may be necessary.

### Treatment

Treatment depends on the etiology of the chest pain. Most patients with idiopathic or musculoskeletal chest wall pain don't require medications or treatment. If the patient has reproducible chest wall tenderness, the patient might have costochondritis; a seven-day trial of ibuprofen or naproxen may be indicated. If the pain is likely psychogenic, consider any serious psychological problems. A surprisingly common etiology for chest wall pain is exercise-induced asthma, particularly in adolescence, which may respond to an empiric trial of two puffs of an inhaler prior to exercising. Screening spirometry may be helpful for diagnosing occult asthma, which is so common in the Valley. If there is evidence consistent with gastrointestinal pain, a trial of antacids may be indicated.

Patients with hypertrophic cardiomyopathy should be counseled to avoid strenuous exercise and may benefit from medications including beta blockers. Patients with abnormal coronary artery anatomy should benefit from surgery to improve flow to the coronary arteries. Patients with aortic stenosis may benefit from balloon dilatation or other procedure to alleviate obstruction.

### Medical Staff News

The following pediatric specialists joined Children's during the past year:

#### Critical Care

Shaghig Kouyoumjian, MD  
Mary Mazel, MD

#### Endocrinology\*

Sarah Brickey, MD  
Animesh Sharma, MD

#### Gastroenterology\*

Joshua Warolin, DO

#### Genetic Medicine and Metabolism\*

Aaina Kochhar, MD

#### Hematology/Oncology\*

Latha Rao, MD

#### Nephrology\*

Julia Tseng, MD (and Charlie Mitchell)

#### Neurology\*

James Nelson, MD

#### Orthopaedics\*

Thu-Ba LeBa, MD  
Kerry Loveland, MD

#### Urology\*

Puneeta Ramachandra, MD

\*Member of Specialty Medical Group

### When To Refer To A Pediatric Cardiologist

- Chest pain occurs primarily with exercise
- Chest pain associated with palpitations
- Chest pain associated with syncope

To contact our Pediatric Cardiology practice, call **559-353-6257**.

View or download our PEDIATRIC CARDIOLOGY and other referral guidelines online:  
[ChildrensCentralCal.org/refer](http://ChildrensCentralCal.org/refer)



9300 Valley Children's Place  
Madera, CA 93636-8762

NON-PROFIT ORG.  
US POSTAGE  
PAID  
FRESNO, CA  
PERMIT NO. 114

RETURN SERVICE REQUESTED

## Children's Advocacy

**Below is an update on key items of interest to physicians as of June 19, 2014.**



**Tim Curley**  
Director of Community  
and Government Relations,  
Children's Hospital  
Central California

### **Medical Injury Compensation Reform Act (MICRA) Ballot Initiative**

On May 15, 2014, the California Secretary of State announced that the initiative to raise the MICRA cap had qualified for the November 2014 election ballot. Known as the Troy and Alana Pack Patient Safety Act, the initiative would do the following:

- Raise the cap on noneconomic damages for medical malpractice from \$250,000 to \$1.1 million.
- Require reporting of suspected physician drug or alcohol impairment or failure to follow appropriate standard of care.
- Require hospitals to conduct alcohol and drug testing of physicians.

Californians Allied for Patient Protection is leading a statewide campaign to defeat the initiative. For more information on the campaign, including educational material, log onto [www.stophigherhealthcarecosts.com](http://www.stophigherhealthcarecosts.com)

### **Medi-Cal Physician Payment Increase**

Below are several updates regarding the state's temporary Medi-Cal physician payment increase:

- Medi-Cal managed care health plans have until June 30, 2014, to distribute the payment increases to physicians for services provided in calendar year 2013. The plans have until June 30, 2015, to distribute the payment increases for services provided in calendar year 2014.
- For fee-for-service Medi-Cal, the state Department of Health Care Services (DHCS) is now paying all new claims at the increased rate and is no longer issuing interim payments. DHCS also has begun reviewing the interim payments and will make any adjustments (either additional payments or recoupments) in early fall 2014.
- An extension of the rate increase beyond Dec. 31, 2014, appears highly unlikely. The state legislature failed to approve legislation extending the rate increase and there is no conversation at the federal level about extending the rate increase.

For the latest information on these and other issues, visit Children's Hospital's Children's Advocacy Network at [www.childrenscentralcal.org/CAN](http://www.childrenscentralcal.org/CAN), or contact **Tim Curley at 559.353.8610 or** [TCurley@childrenscentralcal.org](mailto:TCurley@childrenscentralcal.org)

## How To Connect With Children's

**Children's Access Center** – 24/7 Access for Referring Physicians **866.353.KIDS (5437)**.

**eReferral** – Complete the eReferral Form and Submit Electronically at [ChildrensCentralCal.org/refer](http://ChildrensCentralCal.org/refer)

**Outreach Centers: Merced Subspecialty Pediatric Center** 209.726.0199 / **Modesto Subspecialty Pediatric Center** 209.572.3880



Children's Physician Liaison David Chuhlantseff is available to answer questions or assist you at (559) 353-7229 or [physicianrelations@childrenscentralcal.org](mailto:physicianrelations@childrenscentralcal.org).