



Xiphodyna

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Abstract

Xyphoid syndrome is a rare clinical pathology in which the xiphoid process is angled anteriorly, causing severe pain, and can be confused with epigastric pain and acute myocardial infarction. Surgery may be an option in patients who do not respond to medical treatment.

Keywords Xiphoid syndrome · Xiphodyna · Xiphoidectomy · Pain · Surgery

Image Description

We report a 38-year-old gentleman who presented with somewhat continuous pain for almost 8 months pointing to the xiphoid area that had not responded to medical treatment with proton pump inhibitors. The pain increased in sitting and lying down. He was a car mechanic. The patient was treated with lansoprazole with the diagnosis of gastroesophageal reflux (GER), but his complaints did not regress. Physical examination revealed swelling, severe pain, and grade 3 tenderness at the lower end of the sternum. He was winced and withdrawn on palpation. Visual analog scale (VAS) pain score was determined as 10/10 points. In the lateral chest radiograph, it was observed that the xiphoid process was angled anteriorly 138°. The patient was treated with non-steroidal anti-inflammatory (NSAID) therapy for 2 weeks, but he did not benefit from the treatment. The patient underwent xiphoidectomy under sedation. No complications developed after the procedure. He was discharged on the same day and called for outpatient control. On the 10th postoperative day, the pain completely disappeared. Etiology in xiphoid syndrome is often associated with trauma and inflammation. In

the presented case, the patient does not describe a significant trauma history. The patient, however, was a car mechanic and likely suffered from repetitive microtrauma. Cases of xiphoid syndrome due to occupational microtrauma have been reported in the literature [1, 2]. It has been reported in the literature that acute MI, pulmonary embolism, and gastrointestinal pathologies can be confused with xiphoid syndrome [3–5]. If the xipho-sternal angle is less than 160°, there is accompanying xiphoid pain, and other causes are excluded, the diagnosis of xiphoid syndrome is made [2]. Surgery may be an option in patients who do not respond to medical treatment [4, 6]. In our study, surgical excision was performed because the patient did not respond to medical treatment. In one study [4], symptoms resolved completely in 74% of patients after xiphoidectomy. In the same study, 100% patient satisfaction was reported. In conclusion, xiphoidectomy is a simple, safe and effective treatment for xiphoid syndrome (Figs. 1, 2, 3 and 4).

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s12262-022-03409-0>.

Author Contribution Ismail DAL, MD: study design, data collection, literature review, manuscript revision; Eyup Halit YARDIMCI, MD: study design, literature review, manuscript revision; Zahide DOGANAY, Prof.: study design, manuscript revision.

Declarations

Conflict of Interest The researchers participating in the study do not have any conflict of interest.

Consent to Participate The patient signed the informed consent form.

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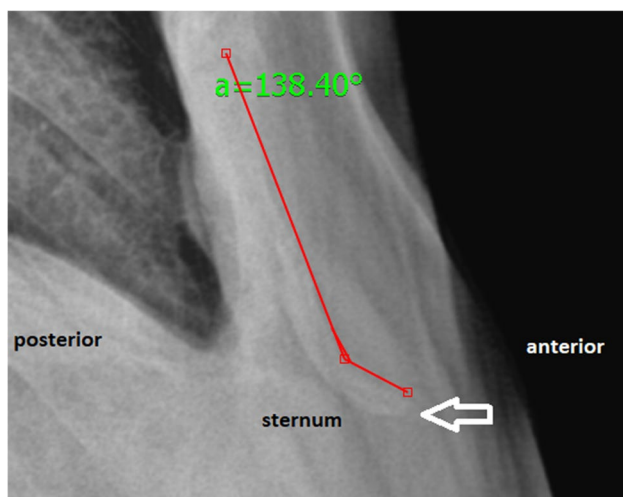


Fig. 1 Sternal angulation on lateral chest X-ray



Fig. 3 Intraoperative view

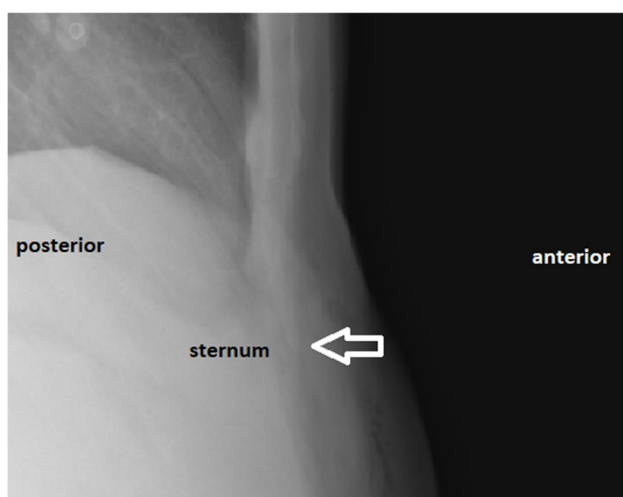


Fig. 2 Postoperative lateral chest X-ray

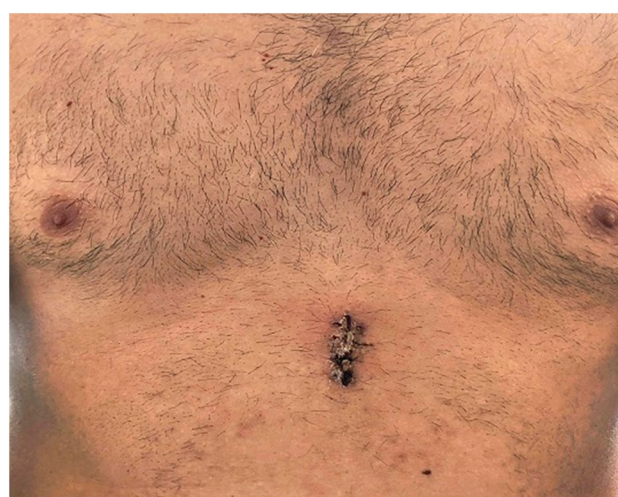


Fig. 4 Postoperative 10th day appearance

Consent for Publication Patient signed informed consent regarding publishing his data and photographs.

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