Empower Yourself By Understanding Lupus Chest Pain

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Coping With Lupus Chest Pain

Many people with lupus often experience lupus chest pain, which is known as myocarditis. It can be very scary for lupus patients (knowing we are at an increased risk for having a heart attack or stroke), but once you know how to identify it, you can feel a little bit more empowered.

Myocarditis is the inflammation of the muscle tissue of your heart, which can cause pain and rapid heartbeat. The symptoms can be not only mistaken for a heart attack, but also for a blood clot that has moved to the lungs (pulmonary embolism).

The first time many people experience it, they rush to the hospital fearing the worst.

Anna's Experience With Lupus Chest Pain

Back in 2008, when I was living on my own, I was taken to the hospital after experiencing this type of lupus chest pain and was told I might have a blood clot in my lungs. When I asked if I would die, I was told it was a distinct possibility.

This kind of experience only ups your lupus anxiety and makes this issue even harder to deal with. But once your doctor can determine you are not in severe danger, you can figure out where to go from there.

Although inflammation of the heart sounds pretty scary, it surprisingly isn't anything to worry about. Just like any other part of your body becomes inflamed with lupus flares, your heart can as well.

What to Do When Experiencing Lupus Chest Pain

If you are experiencing lupus chest pain, it is important to communicate this to your doctor so you can have the proper testing done. In some lupus patients, heart issues do occur, so it essential that if you are experiencing pain, your doctor can rule out all other health issues before diagnosing you with myocarditis.

Often, these episodes of chest pain come on suddenly and without warning, which can make you think you are having a heart attack. However, if your doctor has previously cleared you and you know you are susceptible to it, this issue can sometimes be solved by taking NSAIDs, or over-the-counter anti-inflammatories.

If the issue becomes serious, you may take prescription NSAIDs, or if it is in conjunction with a flare, steroids may be in order.

It is important that you speak to your doctor about your episodes and keep them updated as to the pattern of when they occur and for how long. Myocarditis can also be a result of a viral or bacterial infection, so it is vital that your doctor stays on top of what exactly is causing the issue.

Symptoms of Myocarditis

Myocarditis may not actually cause symptoms if it is in its early stages – meaning that if your inflammation is minor, you may not even know that you have myocarditis!

However, once your inflammation has worsened and myocarditis becomes more severe, you are likely to notice some of its symptoms. The symptoms can vary, depending on the cause of myocarditis, but common symptoms include:

- Chest pain, the hallmark symptom
- Irregular heart rhythms called arrhythmias; arrhythmias associated with myocarditis are typically rapid
- Fatigue
- Shortness of breath. Shortness of breath may be experienced with activity or at rest
- Fluid retention of the lower extremities, meaning that you will notice swelling in your legs and feet
- Symptoms of a viral infection, which may include body aches, headaches, sore throat, diarrhea, joint pain, and fever

Treatment of Myocarditis

Typically, the best thing that *you* can do is to treat your lupus! Because the myocarditis is associated with generalized inflammation, treating lupus as prescribed by your doctor will often improve the myocarditis.

In mild cases, myocarditis improves and resolves on its own without treatment anyway. Rest, and occasionally an antiviral medication may be prescribed.

However, in more severe cases, your physician may opt to prescribe medication to assist with the healing process. Intravenous (IV) medications may treat an infection. Medications, such as angiotensin-converting enzyme (ACE) inhibitors allow the blood vessels to relax, thus allowing the blood to flow more smoothly. Angiotension II receptor blockers (ARBs) work similarly. Beta blockers can help to treat heart failure and arrhythmias. Diuretics reduce sodium and fluid retention.

There are also surgically implanted devices that can be utilized in extreme cases of myocarditis.

Complications of Myocarditis

Although myocarditis is not always a cause for alarm if you have lupus (because treating inflammation, in general, will often improve the myocarditis symptoms), if you do not treat your lupus or seek medical attention when symptoms are severe, a number of complications may arise.

These complications may include:

- **Heart failure**. Heart failure can occur because myocarditis can damage the muscles of the heart, meaning that the heart cannot pump effectively.
- **Sudden cardiac death**. Although an extreme example, severe arrhythmias can cause cardiac arrest.
- **Heart attack and stroke**. If your heart's muscles are not pumping effectively, blood can also pool in the heart. The blood that pools in the heart can cause blood clots – and if the blood clot passes and gets stuck in the heart's artery, it can result in a heart attack. If the clot passes through the heart and reaches the brain, it can result in a stroke.

Keep in mind that these are extreme cases; however, it is good to be aware of the possible complications.

Next page: Learn more about the different types of lupus chest pains, symptoms, and treatment.

Lupus Chest Pain and Pericarditis

Lupus patients can also suffer from chest pain known as pericarditis, which is the inflammation of the sac that surrounds your heart. Like myocarditis, it can be extremely scary and painful but typically does not present an immediate threat.

Pericarditis, however, can have a lasting effect if the inflammation cannot be kept under control. It can make it difficult for the heart to pump blood if the sac is continuously inflamed, leading to further issues with the heart itself.

While pericarditis and myocarditis are rarely life-threatening, unless they cannot be controlled long-term, there are times when chest pain can be a problem.

If you regularly experience pericarditis or myocarditis and suddenly experience pain that feels more intense or different, it is advised that you visit the local emergency room immediately. It can be due to a number of things, including a heart attack, blood clot or coronary artery disease.

Symptoms of Pericarditis

There are several types of pericarditis:

- Acute pericarditis, where the pain lasts up to three weeks.
- Incessant pericarditis, where the pain lasts four to six weeks, is continuous but resolves within three months.
- Recurrent pericarditis, where the pain lasts four to six weeks, resolves completely, but then recurs.
- Chronic pericarditis, where the pain lasts longer than three months.

The obvious symptom associated with pericarditis is chest pain, as the inflammation causes pain. This pain is often described as “sharp, stabbing chest pain behind the breastbone or in the left side of your chest”, but it can also feel dull and achy.

Other symptoms associated with pericarditis include:

- Shortness of breath, especially while in a reclined position.
- Heart palpitations.
- Abdominal and/or leg swelling.
- A cough.
- Low-grade fever.
- A feeling of malaise.

Treatment of Pericarditis

One of the best things you can do to treat pericarditis is to manage your lupus – treating lupus as prescribed will decrease inflammation in general.

However, you must notify your physician if your symptoms worsen because there are steps that should be taken to ensure that pericarditis does not become an emergency situation.

Initially, your physician will most likely prescribe medications to reduce inflammation. You may already be taking some of these medications to treat lupus, but some examples include NSAIDs such as aspirin and ibuprofen, corticosteroids such as prednisone, and colchicine. Colchicine is a medication that is often prescribed during acute phases of pericarditis but also may treat recurrent symptoms.

During rare instances, you may need hospitalization. A hospitalization is required if your physician suspects one of the complications listed below. In that case, surgical procedures are typically performed to remove the excess fluid from around the heart, such as a pericardiocentesis, or a pericardectomy, which removes the pericardium.

Complications of Pericarditis

Again, complications of pericarditis are probably rare unless you do not treat your lupus or ignore the warning signs, but it is a great idea to know these complications:

- **Constrictive pericarditis.** This is a rare complication of pericarditis and is typically associated with long-term inflammation and pericarditis that continually recurs. Constrictive pericarditis is when permanent thickening and scarring occurs of the pericardium, causing it to lose its elasticity. It makes the heart unable to function properly, causing severe swelling of the abdomen and lower extremities, and shortness of breath.
- **Cardiac tamponade.** This is an emergency situation. Cardiac tamponade occurs when excess fluid collects in the pericardium. This fluid exerts pressure on the heart, making it difficult to breathe. It causes a dangerous drop in blood pressure because there is a decrease in blood that is pumped from the heart.

Other Lupus Chest Pain and Heart Issues

People with lupus can be susceptible to endocarditis, which involves the inflammation of the heart valve, which will eventually cause it to thicken.

The inflammation can also cause lesions in the heart that can become infected, creating a life-threatening problem, or that can even break off. If a lesion travels to the brain, it can cause a blood clot, which is also potentially life-threatening.

Additionally, those with lupus often have coronary artery disease, particularly as a result of steroid use. This risk increases if you have high blood pressure or high cholesterol from prolonged use of steroids.

With coronary artery disease, plaque can build up in the blood vessels, which will cause the blood flow to your heart and arteries to restrict. This, in turn, can create pain known as angina.

However, over time, plaque can break off which can put you at risk for a heart attack.

Any time you, as a lupus patient, experience severe lupus chest pain of unknown origin, it is critical that you speak to your doctor or go to the emergency room. Although many times it is nothing serious, you can still find yourself becoming incredibly ill if you don’t take precautions and take your health seriously.