There have been occasional cases of angina-type chest pain in arachnoiditis.

It is interesting to note that Kumar et al. ([1]) reported a case of intradural arachnoid cyst at T3-5, which presented with episodes of cardiac type chest pain although all cardiac investigations proved normal.

The authors suggested that the pain arose due to aberrant stimulation of the sympathetic outflow tracts T3-4.

The upper thoracic spinal nerves communicate with the sympathetic chain ganglia; the medial branches of the upper five ganglions send fibres to the cardiac plexus.

They proposed that the aberrant stimulation was brought on by changes in osmotic pressure within the arachnoid cyst as a result of venous engorgement arising during physical exertion.

A similar effect might occur with arachnoid adhesions at this level.

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[1] Kumar K, Malik S, Schulte PA *Spine* 2003; 28(2): E25-E29 Symptomatic Spinal Arachnoid Cysts: Report of Two Cases with Review of the literature.