INTRODUCTION
Tietze Syndrome (TS) is a benign inflammation of one or more of the costal cartilages. It was first described in 1921 by the German surgeon Alexander Tietze (1864-1927). It is rarely found in infants and children.

CASE REPORT
A 33.4 kg, 145 cm, 9 yo female was referred to us by a surgeon for diagnostic evaluation for slipping rib syndrome (SRS). Intercostal nerve blocks are performed at our institution by the Pain Medicine physician to identify slipping ribs. The patient’s mother said the child had been experiencing left-sided, anterior chest wall pain since she was 2 years old. There was not history of traumatic injury to her chest wall. She could localize the pain to her costochondral junction of the left 7th rib. The pain would recur suddenly, and she described it as it “felt like someone punched in her chest”. She reported a pain rating of 6/10 for few seconds when the pain appears that gradually fades to 2/10, lasting for about 5 min before fading to 0/10. She denied any exacerbating or alleviating factors. On inspection there was no deformity or redness noted and the chest wall was bilaterally symmetrical. The pain was reproducible with deep palpation near the anterior left 7th rib. A hooking maneuver was performed to rule out SRS on the 8th, 9th, and 10th ribs, which was negative. We diagnosed her with TS and chose not to perform intercostal nerve block. She was started on oral NSAIDs and reassured that surgery would not be a good option for her.

DISCUSSION
TS is an uncommon medical disorder in which costochondral cartilage is inflamed, and often edematous, causing mild to intense pain in the cartilaginous portions of the true ribs (those that attach to the sternum) or at the sternoclavicular joint. Both TS and SRS affect the costochondral cartilage. While similar, TS is not identical to SRS: With SRS there is a disruption or inadequacy of the attachment of a cartilaginous rib tip of one of the false ribs (ribs 8-10) to the next most superior rib resulting in painful, repeated subluxation at the site of disruption as the cartilaginous rib tip traumatizes the intercostal nerve beneath the next most superior rib. Unlike SRS pain, TS pain arises from inflammation, tenderness or swelling of the cartilage without subluxation of the rib. Often affecting only one joint, pain from TS can last for years. The hooking maneuver can reproduce pain in patients with SRS and aid in differentiating TS from SRS. The hooking maneuver is performed by gently pushing inward on the lateral aspect of the involved rib at the midaxillary line, causing the offending rib to sublux and reproduce the pain reproducing the pain that is characteristically distant from the area of manipulation. As the end of the rib subluxes across the medial attachment site or another rib border, a popping, clicking, snapping, grating sensation or sensation of ‘giving way’ simultaneously occurs with a sudden, often severe, exacerbation in pain. In patients with TS, pain is not elicited, and popping, clicking sensations are absent with the hooking maneuver. The treatment options for both medical conditions are quite different. Surgical resection of the cartilaginous portion of the end of the slipping rib is commonly performed to treat SRS patients with persistent symptoms, but surgery to remove the offending joint is a last option for the patient with TS. TS is treated conservatively with NSAIDs, and in severe cases, intracartilagenous corticosteroid injections may be used.

CONCLUSION
TS is a benign, painful, non-suppurative, localized swelling of the costosternal, costochondral or sternoclavicular joints. Although there can be spontaneous regression of symptoms, sometimes the pain persists as a chronic condition. Recognition of TS may prevent unnecessary invasive diagnostic and therapeutic procedures when assessing and managing individuals with persistent thoracic and or abdominal pain.

REFERENCES
3) http://www.tietzessyndrome.com/articles/how-to-tell-if-you-have-tietzes-syndrome