Introduction:
Chest pain is a common reason for emergency department visits, although this primarily refers to Acute Coronary Syndrome (ACS), this symptom may be frequently related to other non-ischemic etiologies. The aim was to validate the Marburg Heart Score as a tool to exclude coronary artery disease in emergency department patients with non-traumatic acute chest pain.

Methods:
a prospective, observational, descriptive and analytic cohort study conducted in the emergency department, from February 1st to March 31st, 2019, collecting patients consulting for nontraumatic acute chest pain, the "Marburg Heart" score was calculated for all these patients. Telephone contact was made after 6 weeks to look for an ischemic cardiovascular event.

Results:
We included 171 patients. The mean age was 57 +/- 13 years, the sex ratio was 0.86. The majority of the patients (78.9%) consulted directly to the emergency department, 21.1% were referred by a primary care physician. The median time to consultation after the onset of chest pain was 24 hours. High blood pressure was the most common risk factor (43.9%), followed by smoking (31%), diabetes (24.8%) and dyslipidemia (23.4%). Thirty-five patients (20.5%) had already coronary heart disease, ECG was pathological in 19.3% of patients, 8 patients had an ACS with ST segment elevation. At six weeks, 20.6% of the patients had an acute coronary event. According to the patients' answers on the 5 questions of the Marburg Heart score. The area under the ROC curve of this score was 0.78 with a negative predictive value of 87.2%;

Conclusion:
The "Marburg Heart Score" is a simple, valid and reproducible clinical score with a discriminatory power to rule out the diagnosis of coronary artery disease from the first contact with the patient presenting for chest pain in emergencies.