

Life on the Line: The Critical Role of Early Diagnosis in Wellens Syndrome Survival

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Background: A 40-year-old man comes to the emergency room for reported retrosternal chest pain at rest, which began approximately 2 hours ago, cannot be modified by movements and breathing, radiating to the left upper limb, and associated with sweating. At presentation, there were no signs of dyspnea or congestive heart failure. Cardiac, thoracic and abdominal physical examination were normal.

Case History: ECG showing isodiphasic T waves in V2, V3 and inverted T waves in D1, aVL. Laboratory investigations showed elevated cardiac enzymes, whereas other routine laboratory results were within normal ranges.

When Wellens syndrome was suspected, the patient was transferred to the NICU for emergency coronary angiography, which highlighted acute atherothrombotic occlusion of the middle IVA, subjected to PCI+DES, and moderate stenosis of the distal CDx.

Discussion: Wellens syndrome is a syndrome characterized by specific electrocardiographic alterations secondary to a stenosis of the proximal section of the anterior descending artery. The electrocardiographic pattern can be of two types: a type A pattern with isodiphasic waves in V2 and V3 and a type B pattern with deeply and symmetrically inverted in V2 and V3 and, sometimes, also present in V1, V4, V5, V6.

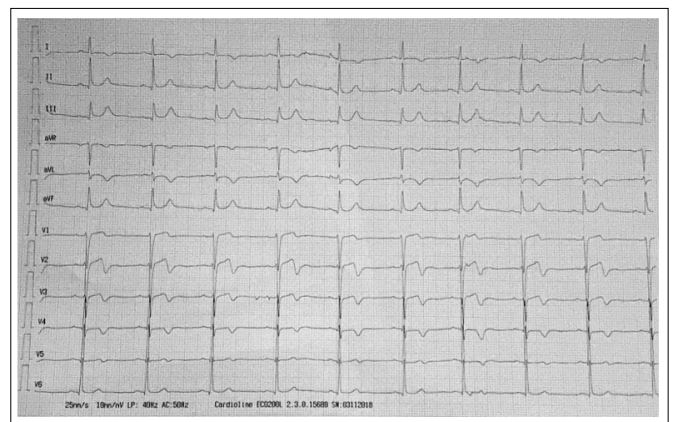


Figure 1

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