



IMAGES IN INTENSIVE MEDICINE

Wellens Syndrome: Be aware of T wave inversion Síndrome de Wellens: tenga en cuenta la inversión de onda T



M.C. Martínez-Ávila^{a,*}, C.I. Herrera-Arrieta^b, Z.M. Mondol-Almeida^c

^a Intensive Care Unit, Nuevo Hospital Bocagrande, Cartagena, Colombia

^b Emergency Assessment Unit, Nuevo Hospital Bocagrande, Cartagena, Colombia

^c Internal Medicine Department, Nuevo Hospital Bocagrande, Cartagena, Colombia

Available online 7 May 2021

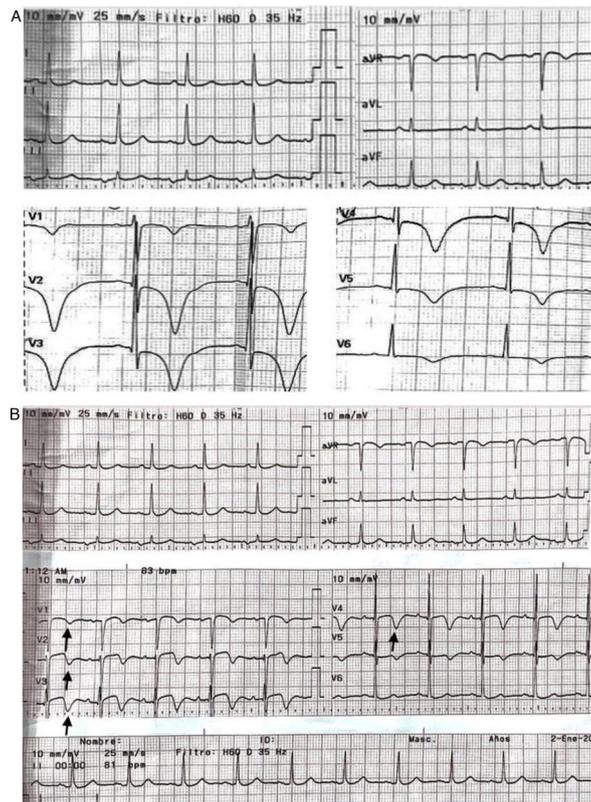


Figure 1

* Corresponding author.

E-mail address: cristina.martinezavila@gmail.com (M.C. Martínez-Ávila).

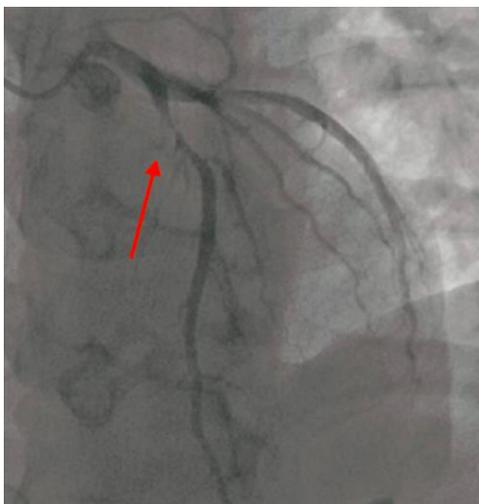


Figure 2

A 48-year-old female presented to emergency room complaining episode of 4-days of retrosternal chest pain at rest, radiated to her back, jaw and left arm, associated with dyspnea. She was hemodynamically stable. Physical examination, routine laboratory test, biomarkers of cardiac injury and X-ray were unremarkable. Electrocardiogram (ECG) showed t-wave inversion in leads v1–v6 with no st deviation, normal R wave progression and no pathological q waves (Fig. 1A), another ECG was taken while asymptomatic (Fig. 1B).

Cineangiography showed Wellens Syndrome with a severe 95% stenosis in proximal anterior descending artery (Fig. 2), echocardiogram with preserved myocardial function. Coronary artery bypass graft surgery was performed without complications. Patient was discharged fully asymptomatic with standard medical therapy and concerning lifestyle changes.