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This study is entitled "Wellen's Syndrome, An Impending Doom" - A CASE REPORT

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Background: Wellen's Syndrome also known as "widow maker "was first described by de Zwaan as pattern of ECG changes for patients with significant LAD infarction. The importance of early recognition could prevent an extensive infarction of the anterior wall that could possibly lead to demise of the patient.

Synopsis: A 60 year old male presented with sudden onset of chest pain with diaphoresis and cold clammy extremities. Initial ECG revealed a 1mm ST elevation on leads V2-V4 with reciprocal changes on leads II, III, aVF. Serial ECG showed changes on the T wave with a characteristic Bi-phasic pattern or deeply inverted T-wave on leads V2-V4. No pathological Q waves in the precordial leads with normal cardiac enzymes. Angiography revealed significant LAD lesion.

Clinical Presentation: Patient is a 60 year old male with no known co-morbidities, apparently well when suddenly complained of chest pain with crescendo pattern lasting for more than 30 minutes.

Physical findings: Physical examinations revealed he is hypertensive with cardiac findings of normal rate, regular rhythm, no murmur, and no palpable thrills. The rest of the findings were unremarkable.

Laboratory work-up: ECG showed sinus rhythm with biphasic T wave on leads V2-V3 and deep T wave inversion on leads V4.Normal values of cardiac enzymes. Chest radiography showed left ventricular prominence. Echocardiogram showed concentric left ventricular hypertrophy with preserved systolic function. Coronary angiography revealed 70% stenosis of the LAD.

Diagnosis: Wellen's Syndrome.

Treatment and Outcome: Patient underwent successful percutaneous coronary angioplasty of the LAD with medical management including dual antiplatelet, statin, nitrate and antihypertensive.

Significance: The importance of recognizing the ECG changes characteristic of Wellen's Syndrome was demonstrated in this study and failure to recognize these changes may lead into extensive acute myocardial infarction which could result to left ventricular dysfunction, arrhythmias and demise of the patient.

Notes: