**WELLENS' SYNDROME REVISED**

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*Objective:* Wellens’ syndrome is characterized by the state of impending myocardial infarction even with optimal medical treatment. Our patient presented with type A Wellens’ sign before the stent was placed and type B Wellens’ sign after drug eluting stent placement. Resolution of the characteristic electrocardiogram (EKG) changes was the routine result of appropriate coronary intervention. However, our patient still had abnormal EKG even after the intervention.

*Background*: Wellens’ syndrome is a condition in which characteristic Biphasic T waves in V2, V3 (25%) or deep and symmetrical T inversions in V2,V3 (75%) with history of angina chest pain, normal or minimally elevated cardiac enzyme levels. All patients with Wellens’ syndrome must undergo coronary intervention. Stress test is contraindicated since it can lead to sudden cardiac death.

*Method:* A 52-year man with no significant past medical history presented with chest pain. His cardiac enzymes were normal. EKG showed biphasic T waves in V2 and V3, consistent with type A Wellens’ sign. He underwent urgent coronary angiography, which revealed 99% occlusion in proximal left anterior descending artery (LAD) which was intervened with a drug eluting stent.

*Result*: His chest pain was resolved after intervention. However, post-procedure EKG still present Wellens’ type B changes. Reperfusion of the ischemic myocardium was a possible explanation. Ongoing research should evaluate the prognosis of patients with persistent abnormal EKG changes even after the appropriate intervention.

*Conclusion:* Wellens’ syndrome is characterized by T wave changes in EKG with or without chest pain. This syndrome represents a pre-infarction stage of coronary artery disease involving proximal LAD, which can subsequently lead to extensive anterior myocardial infarct and even death without coronary artery revascularization. Therefore, it is crucial for clinicians to recognize EKG features of Wellens’ syndrome in order to take appropriate therapy to reducing mortality and morbidity form impending myocardial infarction.