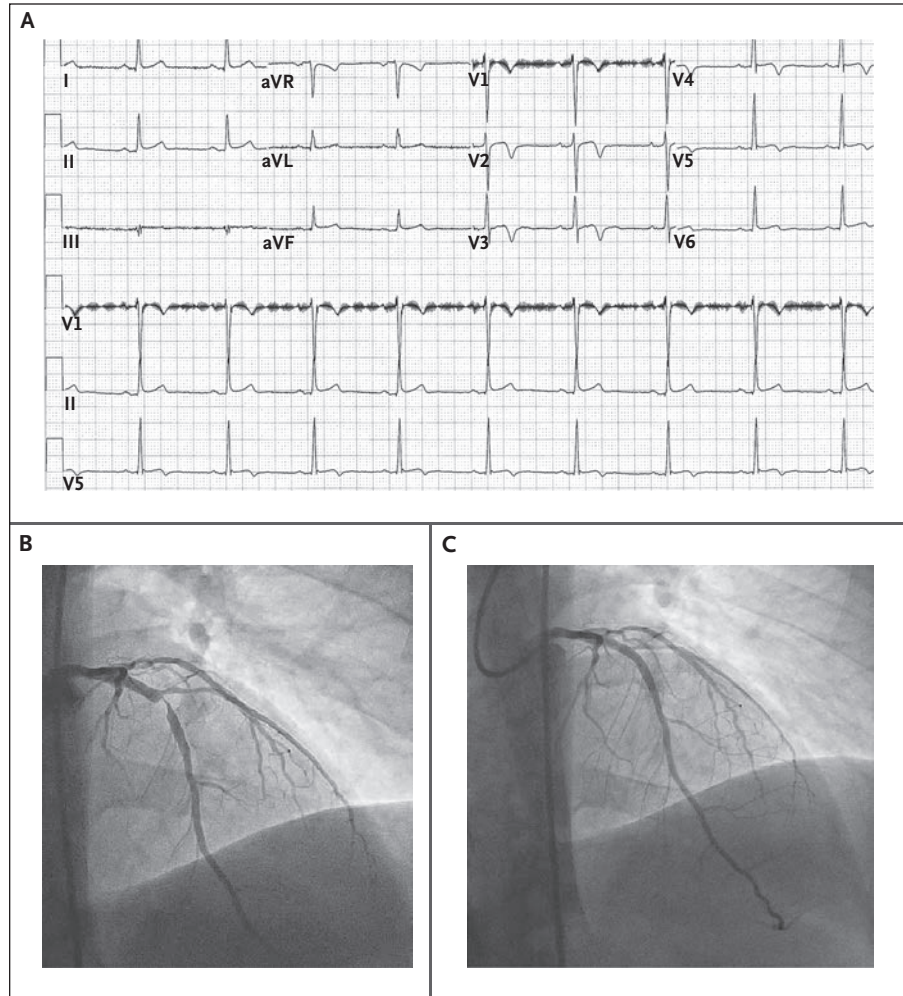


## IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*

## Wellens' Syndrome



Lakshmi Kannan, M.D.  
Vincent M. Figueredo, M.D.

Albert Einstein Medical Center,  
Philadelphia  
kannanla@einstein.edu

**A** 31-YEAR-OLD MALE SMOKER WITH DIABETES MELLITUS PRESENTED TO THE EMERGENCY DEPARTMENT with intermittent, exertional chest pain of 4 days' duration. Electrocardiography performed on arrival (Panel A) revealed anterior T-wave inversions with biphasic lateral T waves, which raised concern about Wellens' syndrome, a syndrome that is associated with severe stenosis of the left anterior descending artery. (The artifact in lead V1 is unrelated to Wellens' syndrome.) The initial troponin I concentration was 0.07 ng per milliliter (reference range, 0 to 0.03 ng per milliliter); it rose to 0.58 ng per milliliter at 6 hours and peaked at 0.79 ng per milliliter before intervention. Coronary angiography performed 12 hours after presentation showed stenosis of 95% of the mid-left anterior descending artery (Panel B), which was successfully treated with a drug-eluting stent (Panel C). The patient was found to have uncontrolled diabetes, with a glycated hemoglobin level of 11.9%. He had an unremarkable course after revascularization, with a preserved left ventricular ejection fraction, and was discharged after receiving smoking-cessation counseling, intensive diabetes education, and a cardiac rehabilitation referral.

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