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A brief addition to the article titled “Wellens syndrome left anterior descending coronary T-wave syndrome”

Un breve anexo al artículo titulado “Síndrome de Wellens - Síndrome de la onda T de la coronaria descendente anterior izquierda”

We warmly applaud the effort taken by Khanna and Bustamante¹ in raising awareness about Wellen's syndrome. As the authors report, the syndrome is strongly associated with critical stenosis in the left anterior descending artery and it is frequently overlooked as cardiac biomarkers may not be raised. We feel obliged to respectfully point out 1 error in their otherwise excellent report: the T-wave changes occur predominantly in leads V2 to V3 not V3 to V5.²

While this may seem like a slightly pedantic point, we feel that it is important to clarify as abnormal T-wave changes in 2 leads is a more subtle finding compared to the more widespread precordial T-wave inversion in Fig. 1. While the changes may be more widespread, Wellen's prospective validation reported extension to V1 in just two-thirds of patients, and to V4 in 3 quarters of patients.³

The electrocardiogram pattern is associated with a critically stenosed left anterior descending artery that has spontaneously reperfused and we agree with Khanna et al's management recommendations. The reperfused

artery is precariously poised to reocclude, thus the patient should be monitored in a high-dependency area and referred for urgent coronary angiography while medical management is initiated.

References

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Sean Welsh^a, Niall Morris^b

^aUniversity of Malta, Msida, Malta

^bManchester Royal Infirmary, Manchester Foundation Trust, Manchester, UK.

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Correspondence: Manchester Royal Infirmary, Manchester Foundation Trust, Oxford Road, M13 9WL Manchester, UK.
E-mail: niallmorris@doctors.org.uk

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