

Case Presentation- Chest Pain Free

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All right.

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Thank you for joining us for some more portal education.

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We wanted to take just a few minutes today to go through a quick case with an absolute can't miss 12 lead pattern.

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So this was a 55 year old male who called 911 secondary to chest pain.

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He has a history of hypertension and diabetes.

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Upon EMS arrival, the patient noted that he was pain free and the following 12 lead was obtained.

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So take a few seconds and read this systematically as we've talked about in the past.

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When you do so, you'll see that this is a normal rate, The rhythm looks regular, there are P waves before every QRS complex, it is narrow.

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And then when you look for STT wave changes consistent with ischemia or other pathology, I want to draw your attention to V2 through V5.

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So when you look at those leads, you see minimal ST.

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elevation less than 1 millimeter.

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But then you see biphasic T waves, especially in V2 through V4 and some fairly deep T wave inversions.

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When we zoom in a little bit to V4 and V5, again you see biphasic T waves.

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And what that is, is you see initial positivity to the T wave that's up sloping and then you see terminal negativity.

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So when you see this pattern of biphasic T waves or deeply inverted T waves, especially in V2 and V3, you can see it extend V1 through V6.

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This is highly concerning for Wellens syndrome.

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Wellens syndrome is concerning for critical LAD stenosis and is seen when patients are chest pain free.

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These patients are at high risk for progression to anterior wall MI in the days and weeks following their episode of chest pain.

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So these patients need prompt transport and therapy.

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So again, well in syndrome seen in patients who are chest pain free and you're looking for biphasic or deeply inverted T waves in B2 and B3.

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So appreciate your time today with this can't miss 12 lead pattern and I look forward to doing more cases in the future.