**The Heart Who Cried Wolf**

Musyirah binti Amaran1, Mexmollen Marcus2 , Lo Zhen Zhen2,

1Department of Emergency and Trauma,Queen Elizabeth Hospital 2

2Faculty of Medical and Health Sciences, Universiti Malaysia Sabah

**Introduction**

A 62-year-old diabetic patient presented to the Emergency Department with chest pain that began 9 hours earlier. The pain was described as anginal, accompanied by diaphoresis and palpitations. He took sublingual GTN once for relief. Upon arrival around 9 am, he was hemodynamically stable and pain-free, with no signs of acute heart failure. The initial ECG showed sinus rhythm with biphasic T waves in leads V2-V3 and T wave inversion in leads aVL and I. Serial ECGs over the next few hours revealed deepening T waves in the anterior leads, spreading laterally. Troponin I was elevated at 294 ng/L. He was not anaemic and had normal renal function. He was diagnosed with Wellens Syndrome Type A and NSTEMI. The next day’s ECG showed deeper T wave inversion and more prominent ST elevation in the same leads. Despite this, he remained pain-free and hemodynamically stable. Serial Troponin I levels rose to 17,690 ng/L. Urgent coronary angiography revealed triple vessel disease.

**Discussion**

Wellens syndrome, though not a STEMI equivalent, indicates critical LAD stenosis that can lead to extensive anterior myocardial infarction if untreated. Studies show that Wellens syndrome presents as NSTEMI and unstable angina. This patient's ECG initially showed Type A Wellens syndrome, which later transitioned to Type B. The initial Troponin I level was significantly elevated, multiplying nearly 60 times the next day. This suggests the patient may have had spontaneous reperfusion before the ED visit and another acute infarction during his stay, likely missed due to diabetic neuropathy masking the pain.

**Conclusion**

This case highlights the importance of serial ECG monitoring in Wellens syndrome and understanding potential ECG changes. Patients should be informed about the significance of ECG findings and alerted to recurrent anginal pain or atypical symptoms, especially in diabetic patients. Serial ECGs should be performed as long as the patient is in the ED, and early referral to a cardiologist is crucial if suspicious ECG changes are observed, as the definitive treatment for Wellens syndrome is percutaneous coronary intervention.

**Keywords**

Wellens Syndrome, Serial ECG Monitoring, Diabetic Neuropathy

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The authors declare that they have no conflicts of interest regarding the publication of this article. This statement makes it clear that the authors do not have any financial, personal, or professional interests that could have influenced the work presented in the article.