**EMERGENCY TANGO SHOCKS WITH ITS CATACLYSMIC METAMORPHOSIS : DE WINTER ECG AND OCCLUSIVE MYOCARDIAL INFRACTIONS DANCE A PLAYFUL YET URGENT WALTZ**

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Originally described by Robbert J.de Winter in 2008, the De Winter electrocardiography (ECG) is characterized by ST-segment depression with peaked T waves in the precordial leads and subtle ST elevation in aVR. This finding is ominous, with an incidence rate of approximately 2% of all patients with acute anterior myocardial infarction (MI), making it relatively rare.

Case presentations:

A 33-year-old male, previously healthy but a smoker, presented with chest pain during sex and presyncopal attack. Upon arrival, he appeared diaphoretic and drowsy, normotensive, his heart rate was normal and oxygen saturation was 94-95%. No failure signs were noticed. Initial ECG manifested the de Winter pattern in leads V2-V4 with reciprocal ST depression in lateral leads. Serial 10-minute ECGs, revealing a shift to ST elevation in anterior and lateral leads with ST depression in inferior leads. Streptokinase was administered, resulting in partial resolution of ECG changes, but he developed cardiogenic shock and ventricular tachycardia. In the ward, he required high-flow oxygen, received Furosemide and Amiodarone infusions, and was transferred to the tertiary hospital. Coronary angiogram unveiled two-vessel disease with 40% occlusions in the proximal right circumflex artery and 80% in the proximal left anterior descending artery (LAD), which were stented. Following discharge, unfortunately he returned with cardio-embolic stroke.

Discussions:

This ECG pattern is a harbinger of critical LAD coronary artery occlusions with ongoing transmural ischemia, leading to ST elevation MI, posing diagnostic and therapeutic challenges. The distinction between occlusive and non-occlusive MI in the context of De Winter is elucidated, underscores the urgency of timely interventions. While urgent angiography is warranted, accessibility to cardiac catheter laboratories varies among hospitals, making thrombolytic therapy the primary consideration. In the quest to determine if thrombolysis is effective for this enigmatic ECG pattern, diligent monitoring of patients exhibiting persistent ischemic symptoms becomes imperative within a crucial yet uncertain timeframe, notably overlooked from most recent guidelines.

In the nutshell, while percutaneous coronary intervention is still the gold standard, a dilemma arises in such presented cases particularly in settings without this option: should thrombolysis be initiated immediately or closely monitored first for the evolution.

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