中文題目：威廉症侯群復發之案例報告

英文題目：Recurrence of Wellens' syndrome - A case report

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Background: Wellens' syndrome is the unstable ischemic manifestation of proximal left anterior descending artery (LAD-p) severe stenosis. Coronary revascularization is usually the effective treatment. The restenosis of LAD may develope with angina or myocardial infarction but the recurence of Wellens' syndtome is rare.

Methods and Material : case report and literature review

Results: A 60 -years-old male patient visited ER for sudden collapse. EKG after resuscitation showed biphasic T wave changes over V2 and V3. CAG showed severe stenosis of mid-LAD. Coronary stenting was done. The recovery was good. 7 years later he had recurrence of angina pectoris. 12 leads EKG showed biphasic T wave changes over V2-V4 . Stress thallium perfusion scan revealed anterior wall myocardial ischemia. The stented segment of LAD remained intact and anew critical LAD-P coronary stenosis was noted on CAG and stenting with DES was done. He was kept on intensive lipid lowering therapy to prevent further coronary event.

Discussion: Wellens' syndrome is a unstable CAD with LAD involvement and EKG evidence of so cold Wellens' sign. It is a clinical syndrome with high risk of subsequent acute coronary events. Patients with EKG evidence of Wellens' sign may develop subsequent AMI or sudden death on medical treatment only. This pt had first coronary event manifedtated as sudden death with post resuscitated Wellens' sign on EKG. The second coronary event was manifestated with unstable angina , myocardisl ischemia on stress coronary perfusion scan and positive Wellens' sign on EKG. The culprit coronary lesion was a new critical LAD ostial stenosis on second event. Two Wellens' events involve different sites of LAD. The remaining 2 vessels was free of new coronary lesions.

Conclusion: The Wellens' syndrome may be life threatening and may recur even after adequate coronary revascularization. Aggressive secondary prevention is important.