

Pseudo-Wellens' syndrome after crack cocaine use

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A 41-year-old man without a history of coronary artery disease presented with cardiac chest pain 3 h in duration. The initial electrocardiogram (Figure 1) revealed T wave inversions in leads V1 to V4 without loss of R wave or ST segment changes. He admitted to crack cocaine use all day. The physical examination was within normal limits. His urine drug screen was positive for cocaine. Urgent cardiac catheterization revealed normal coronary arteries and an ejection fraction of 60%. Cardiac enzymes were negative. Twenty-four hours later, a repeat electrocardiogram (Figure 2) showed reversal

of T wave inversions. It is important for cardiologists to keep in mind that Wellens' syndrome can be mimicked by cocaine-induced vasospasm of the proximal left anterior descending artery, because administration of beta-blockers in such circumstances can prove to be disastrous.

REFERENCE

1. Langston W, Pollack M. Pseudo-Wellens syndrome in a cocaine user. *Am J Emerg Med* 2006;24:122-3.

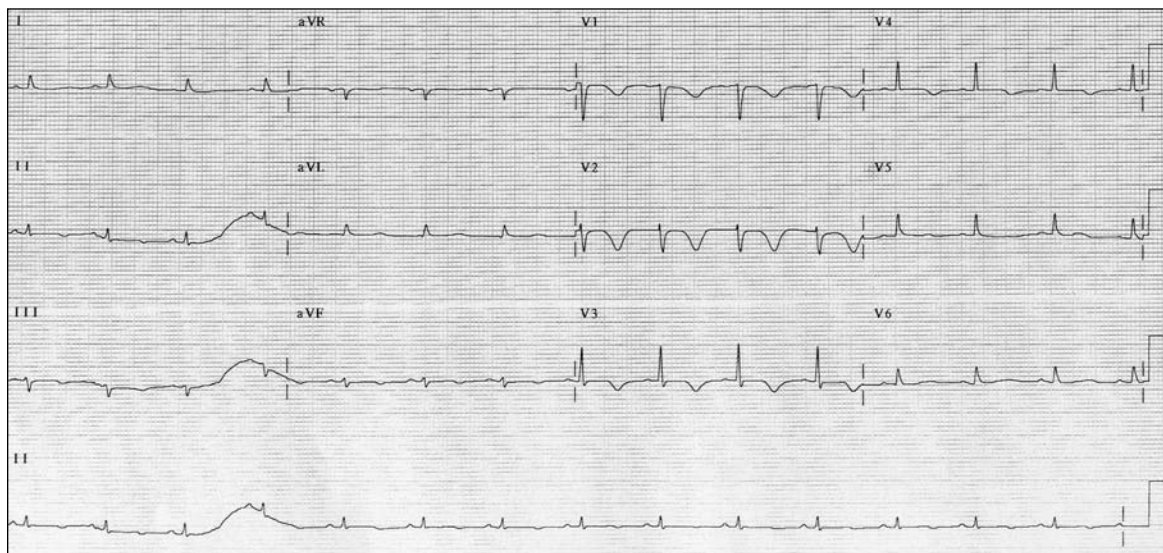


Figure 1) Initial electrocardiogram on presentation revealing T wave inversion in leads V1 to V4, called Wellens' T waves, which signified cocaine-induced vasospasm of the left anterior descending artery

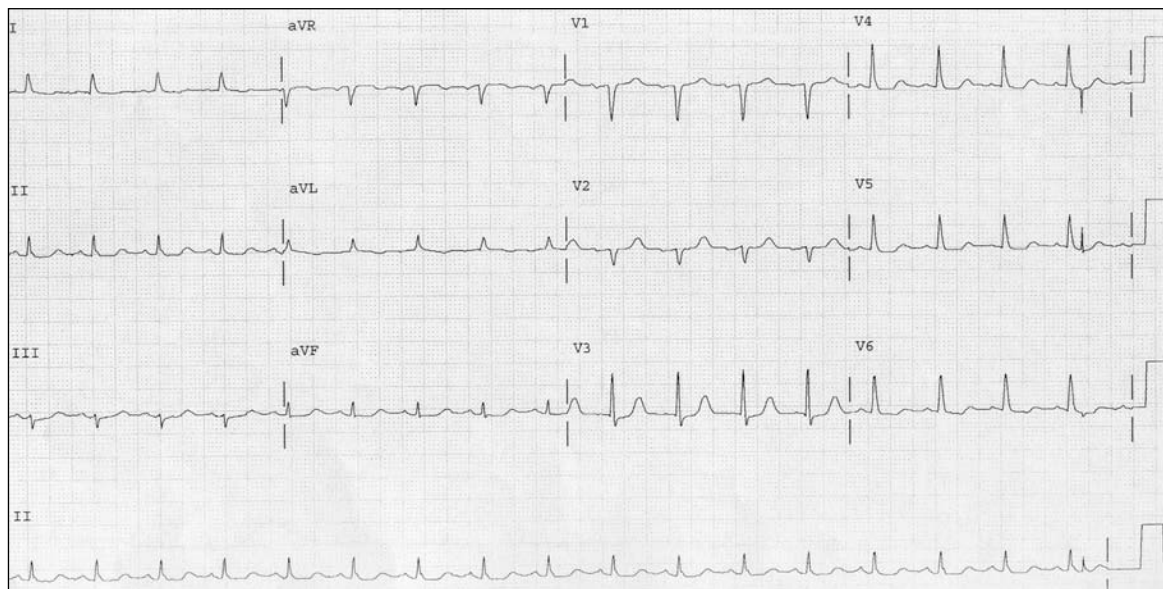


Figure 2) Repeat electrocardiogram showing resolution of Wellens' T waves, which signified resolution of vasospasm

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