

Images in clinical medicine



De Winter pattern in inferior leads: a rare case presentation

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De Winter pattern in inferior leads: a rare case presentation

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Image in medicine

A 60-year-old female with a history of hypertension, diabetes mellitus, presented to the emergency room with acute chest pain. The physical examination didn't show any abnormalities. The electrocardiogram showed upsloping ST depression at J point in the inferior leads (II, III, and aVF) with positive T wave consistent with De Winter syndrome and ST elevation in aVR. Troponin was positive (54301 ng/l). The echocardiography revealed an inferior and lateral wall hypokinesia. The coronary angiography showed a circumflex sub occlusion (culprit artery), a significant stenosis of the left ascending artery and a mild right coronary artery stenosis requiring coronary bypass graft. The

patient declined surgery. De Winter pattern is a STEMI-like entity. It is usually observed in anterior leads in left ascending artery (sub) occlusion.

Dewinter pattern in inferior leads is very uncommon. It occurs in circumflex or right coronary artery (sub) occlusion.

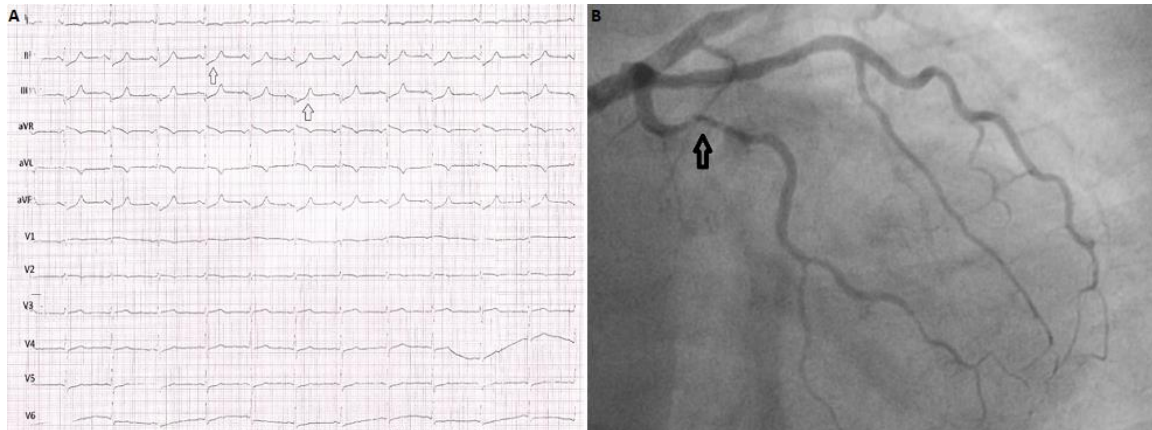


Figure 1: (A) downsloping ST segment depression in inferior leads compatible with De Winter pattern; (B) circumflex artery acute thrombotic sub occlusion (90-90%) responsible for the inferior presentation of the acute coronary syndrome