

EDITORIAL

COVID Heart: Fact or Friction

University Heart Journal 2022; 18(2): 71

Recent study published in Nature Medicine by researchers at the Veteran Affairs (VA), revealed that years after recovery from COVID 19, patient had increase risks of spectrum of cardiovascular disease including heart rhythm, myocarditis, myocardial infarction, thrombembolism and heart failure.¹

This study includes 153760 patients who used VHA services in 2019 and had COVID 19 and in 5637647 patient as control group. There were also 5859411 pre pandemic patients as historical control group.

Patient with more severe disease were at increase risk but risk were evident even with patient who had less severe symptoms.

Similar study based on US collaborative Network in TriNetx with a Cohert of more than 42 million recorded between January 2019 to March 2022 and in 431717 participants with SARS - COV - 2 tested populations, revealed that the COVID - 19 survivors had increase risk of cerebrovascular and cardiovascular risks.² The cardiovascular disease included arrhythmias especially atrial fibrillation, myocarditis, ischaemic heart disease, heart failure.

Al Ahy, one of the coauthor of the article published in Nature, wrote in his e mail “The researcher also was surprise to see elevated risk in people who were not hospitalized for COVID 19. The risk were evident in young people and in old people, in Black people and in White people, males and females, in people who smoke and in people who donot smoke, in people who have diabetic and who do have not diabetic – really did not spare any sub group”.³

Just in last october Aless andro et al while reviewing in long COVID made a question “for clinician and researcher whether biomarker, ECG and clinical monitoring should be included in a schedule diagnostic protocol of COVID 19 patients aimed at defining the diagnostic path and protecting patients at risk of unexpected events.”⁴

Now with this roboost data from large Cohort, it seems that answer is clear and a patient with COVID – 19 should undergo physical, electrocardiographic and biochemical test during there follup in order to look at COVID 19 has a cardiovascular risk. In fact ACC in march 2022 issued a playbook for long COVID with cardiac involment. Now a coordinated urgent global strategies is require to address the COVID heart.

Professor Dr . Chowdhury Meshkat Ahmed

Professor

Department of Cardiology

Bangabandhu Sheikh Mujib Medical University, Dhaka

Dr. Md. Ashraf Uddin Sultan

Research Assistanat

Department of Cardiology

Bangabandhu Sheikh Mujib Medical University, Dhaka

Reference:

1. Yan Xie, Evanxie, Ziyad A – Ahy, Long term cardiovascular outcome of COVID – 19, Nature Medicine 28. 283 -290, 2022
2. Weijie Wang, Chi Yen Way, Shiow – Ingwing James Chen, – Cheng Wei, Long Term cardiovascular outcome in COVID – 19 surviver among non vaccinated population. A retrospectire Cohert Study from the Tri Net X US collaborative network. E clinical Medicine, Vol 53: 101619, November 01, 2022
3. Jennifer Abbasi, The COVID – Heart – One year after SARS – COV – 2 infection, patient have an Array of increase Cardiovascular Risks. Medical News & perspective, Vol – 2, 2022
4. Alessandro Di Toro, Antonio, Bozzani, Guido Tavazzi, Mario Urtis, Lorenzo Giullane, Roberto pizzoccheri, Flamina, Aliborti, Viola Fergnane, Eloisa Arbustine, Long COVID: Long term effects? European Heart Journal suppliments Vol – 23, susp E Oct 2021, P: E1 – E5.
5. Gluckaman JJ et al 2022 ACC expert consensus decision pathway on cardiovascular squeele of COVID – 19 in adults; Myocarditis and other myovcardial involvement Post acute sequele of SARS Cov – 2 infection, and return to play, JACC 2022 DOI: 10.10.16/ J. JACCC 2022, 02, 003