Transcript Details
This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/covid-19-frontlines/life-after-covid-19-what-is-the-risk-of-cardiac-injury/11844/

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Life After COVID-19: What's the Risk of Cardiac Injury?

Dr. Cooper:
So the most important thing is prevention, so personal protective devices such as a mask, frequent handwashing, and social distancing remain the foundation of preventing transmission and thereby illness. But in those patients who do get COVID-19 who have any kind of cardiac symptoms, it's important to consider the various forms of cardiac injury. This could be related to the systemic inflammation from the viral infection, it could be related to clotting in the small vessels, or in some cases it could be related to a stress cardiomyopathy or even myocarditis. In that setting, it's important to do appropriate follow-up, usually with serial troponins, at least an echo if there's a suspicion on exam for decreased cardiac function, and in the convalescent period within a few weeks of the acute illness, to proceed to an MRI to look for evidence of more longer-term scar or cardiac injury.

In other viruses, such as enteroviruses—coxsackie, for example—we know that in those patients who present with a heart failure syndrome, about 20% will go on to have a chronic dilated cardiomyopathy. For COVID-19 we simply don't know yet. What we do know is that the rate of cardiac injury depends a lot on the population that you study. Amongst all people, including those who are not hospitalized, the rate of cardiac injury is probably quite low, in the single digits, but amongst those people who are older and hospitalized, both series from China and from Europe and the United States suggest that between 10% and 20% or 25% of patients can have markers of cardiac injury, such as an elevated troponin or abnormal wall motion on echocardiogram.