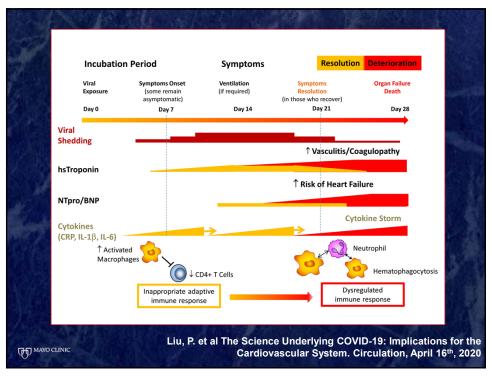
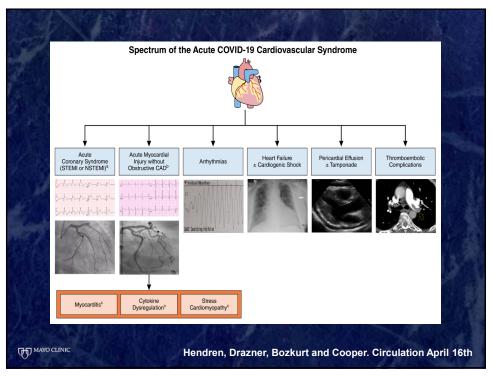
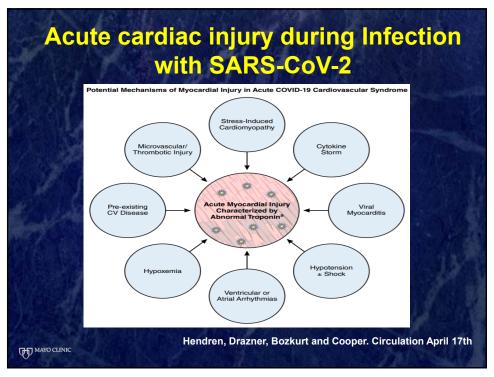
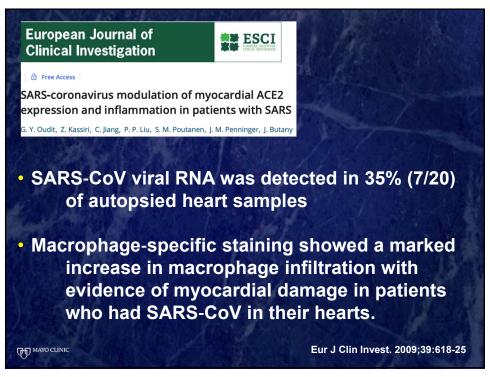


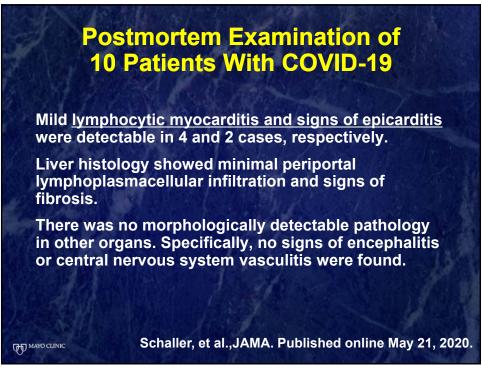
Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered From Coronavirus Disease 2019 (COVID-19) Valentina O. Puntmann, MD, PhD; M. Ludovica Careri, MD; Imke Wieters, MD; Masia Fahim; Christophe Arendt, MD; Jedrzej Hoffmann, MD; Anastasia Shchendrygina, MD, PhD; Felicitas Escher, MD; Mariuca Vasa-Nicotera, MD; Andreas M. Zeiher, MD; Maria Vehreschild, MD; Eike Nagel, MD • 100 COVID-19 recovered patients; 53% male; 49 yrs; 71 days from illness to MRI • 78% had abnormal MRI findings (71 T1; 60 T2; 32 DGE. HS TnT correlated with T1. • Select EMB revealed lymphocytic myocarditis July 27th 2020

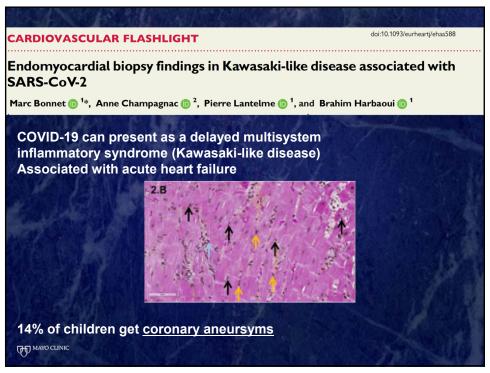


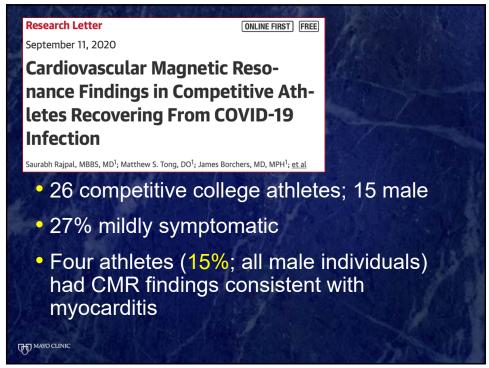












Summary

- Broad <u>clinical spectrum</u> of SARS-CoV-2 associated cardiac injury
- Multiple mechanisms include cytokines, stress, thrombosis and myocarditis
- The influence of abnormal cardiac MRI features on subsequent risk of arrhythmias during sports participation remains unknown

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Cardiac Involvement in recovered COVID-19 patients identified by Magnetic Resonance Imaging

26 recovered COVID-19 patients that reported cardiac symptoms.

Fifteen (58%) had abnormal MRI findings on conventional MRI sequences: myocardial edema was found in 14 (54%) and LGE was found in 8 (31%).

Decreased RV functional parameters including EF, CI, and SV/ BSA were found in patients with positive conventional MRI findings.

Global native T1, T2, and ECV were significantly elevated in patients with positive conventional MRI findings, compared to patients without positive findings and controls.

Myocardial edema, fibrosis, and impaired RV function was found in a proportion of the recovered COVID-19 patients.

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Huang, Lu et al. http://imaging.onlinejacc.org/content/jimg/early/2020/05/05/j.jcmg.2020.05.004/F1.medium.gif

