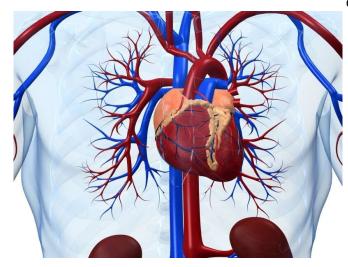


Myocardial injury seen in many early in recovery from COVID-19

28 July 2020



compared with a group of 50 healthy controls and 57 risk factor-matched patients. Abnormal CMR imaging findings occurred in 78 percent of patients recently recovered from COVID-19, including raised myocardial native T1 and T2 (73 and 60 patients, respectively), myocardial late gadolinium enhancement (32 patients), and pericardial enhancement (22 patients). There was a correlation noted for high-sensitivity troponin T with native T1 and T2 mapping. Native T1 and T2 were the measures with the best discriminatory ability to detect myocardial pathology related to COVID-19.

"The results of our study provide important insights into the prevalence of cardiovascular involvement in the early convalescent stage," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract/Full Text (subscription or payment may be required) Editorial (subscription or payment may be required)

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(HealthDay)—Many patients recently recovered from COVID-19 infection have cardiac involvement, according to a study published online July 27 in *JAMA Cardiology*.

Valentina O. Puntmann, M.D., Ph.D., from the University Hospital Frankfurt in Germany, and colleagues examined the presence of myocardial injury in 100 patients recently recovered from COVID-19 illness (67 recovered at home; 33 required hospitalization). Cardiovascular magnetic resonance (CMR) imaging was obtained for all patients; the median interval between COVID-19 diagnosis and CMR imaging was 71 days.

The researchers found that among patients recently recovered from COVID-19, high-sensitivity troponin T was detectable in 71 patients and was significantly elevated in five patients at the time of CMR imaging. Patients recently recovered from COVID-19 had lower left ventricular ejection fraction, higher left ventricular volumes, higher left ventricle mass, and raised native T1 and T2



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