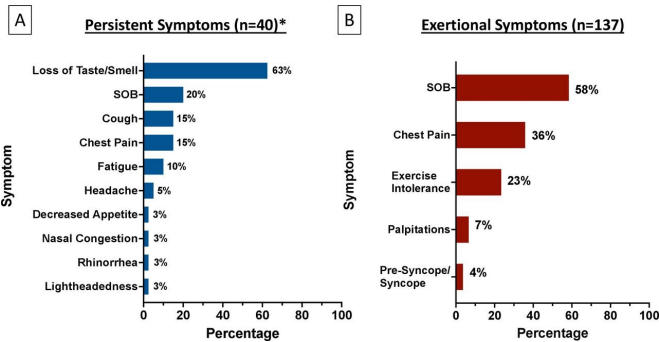


Study: Lingering COVID symptoms in young, competitive athletes rare

November 11 2021, by Julie Cunningham



Symptom burden for athletes with persistent symptoms (A) and exertional cardiopulmonary symptoms. On return to exercise (B). *Persistent symptom type available for 40/44 (91%) athletes. SOB, shortness of breath. Credit: DOI: 10.1136/bjsports-2021-104644

The extent and effects of prolonged symptoms in athletes following COVID-19 infection has been an area of clinical uncertainty. In a new study published in the *British Journal of Sports Medicine*, a group of researchers led by Massachusetts General Hospital (MGH) and the University of Washington School of Medicine (UW Medicine) show persistent symptoms following COVID-19 infections in collegiate athletes appear to be rare. Also rare is chest pain upon return to exercise, but is nonetheless a concerning finding that may warrant further clinical workup.

The latest published findings stem from data gathered through the Outcomes Registry for Cardiac Conditions in Athletes (ORCCA), a national research database established by MGH and UW Medicine. The initiative tracks COVID-19 cases in National Collegiate Athletic Association (NCAA) athletes in order to screen for and better understand cardiopulmonary-related impacts from those infections.

The observational study looked at 3,597 male and

female athletes from 44 colleges and universities with prior COVID-19 infections. Of those athletes, just 1.2% were found to have [persistent symptoms](#)—defined as symptoms lasting more than three weeks from initial illness or [symptom](#) onset. During return to exercise, the prevalence of exertional symptoms—including [chest pain](#), shortness of breath, fatigue and heart palpitations—was also low, in 4% of the study cohort.

"For the vast majority of athletes, this study shows that a return to play is possible without lingering COVID symptoms. But any new chest pain or cardiopulmonary symptom should be taken seriously," says Jonathan Drezner, MD, director of the UW Medicine Center for Sports Cardiology and a senior author of the study. "Even if initial cardiac testing is negative after a COVID-19 illness, chest pain while exerting yourself should be evaluated."

It's long been known that COVID-19 can impact the heart, including its membrane and muscle. With the latter, the virus can directly infect heart cells, leading to dangerous inflammation known as myocarditis. Results from the study support the use of cardiac MRI (CMR) in athletes with exertional chest pain and increased clinical suspicion of cardiac involvement after COVID-19. Of the 24 athletes with exertional chest pain who underwent CMR, probable or definite COVID-19 cardiac involvement was found in five of the cases, or 20.8%. For athletes with exertional symptoms other than chest pain who underwent CMR, there were no cases of probable or definite COVID-19 cardiac involvement.

"This is useful information as we continue to see so many athletes—collegiate or otherwise—returning to sports," says Aaron Baggish, MD, director of the MGH Cardiovascular Performance Program and a co-author of the study. "While it's heartening to see that the risk for persistent COVID symptoms in these athletes is low, we should keep monitoring players and checking in with them on how they're

feeling once they're back in action."

More information: Bradley J Petek et al, Prevalence and clinical implications of persistent or exertional cardiopulmonary symptoms following SARS-CoV-2 infection in 3597 collegiate athletes: a study from the Outcomes Registry for Cardiac Conditions in Athletes (ORCCA), *British Journal of Sports Medicine* (2021). [DOI: 10.1136/bjsports-2021-104644](https://doi.org/10.1136/bjsports-2021-104644)

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