

COVID-19 Unmasking Coronary Artery Disease

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Abstract

We report a case of coronary artery disease unmasked by COVID-19 in a 59 year old male patient who was admitted to medical HDU via emergency department primarily with COVID-19 pneumonia; developed chest pain on the third day of admission with EKG features consistent with infero-posterior ST-segment elevation MI. Troponin were significantly raised and bedside echocardiogram exhibited severely impaired LV systolic dysfunction with hypokinetic inferior and lateral walls. CT coronary angiogram revealed diffuse severe three-vessel coronary disease with very high plaque burden (CADRAD score 4b). Subsequent Cardiac MRI confirmed mid inferolateral LV non-viable infarct and evidence of focal myocarditis (LV apical lateral wall). This case reveals thrombogenicity of COVID-19. However it is more commonly associated with myopericarditis with EKG features mimicking ST-segment elevation MI, which exhibits the importance of further investigation to establish the diagnosis. My case is interesting as this patient with no previous cardiac presentation had type 1 MI unmasked by COVID-19 with consecutive focal myocarditis.

Citation : This work is partly presented at 23rd International Conference on New Horizons in Cardiology & Cardiologists Education (December 10-11, 2020 | Osaka Japan)