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Objective: Cardiac sarcoidosis (CS) is known to manifest with conduction abnormalities, ventricular arrhythmias, and/or heart failure. We studied the clinical profile and its correlation with Cardiac Magnetic Resonance (CMR) imaging patterns in patients with CS.

Methods: Clinical data and CMR findings of patients presented to our institute, and had a diagnosis of CS between 2005 and 2020, were retrospectively analyzed. CS diagnosed based on 2014 HRS Expert Consensus Recommendations. In those with complete CMR data, the pattern and distribution of late Gadolinium enhancement (LGE) were correlated with the major clinical presentations.

Results: A total of 41 patients (30 males, mean age 49 ± 8.8 years) diagnosed to have CS were included in this study. The presenting manifestations included: ventricular tachycardia (VT; 33%), acute heart failure (32%), complete heart block (25%), non-sustained VT / symptomatic ventricular premature complexes (VPC) (7.5%), supraventricular tachycardia (7%) and/or sinus node dysfunction (2.5%). A diagnosis of CS was made after a median duration of 14.4 months since systemic sarcoidosis was recognized. The main symptoms of CS were dyspnoea (68%), palpitation (58%). Pulmonary (72%) and neurological involvement (18%) were the predominant systemic manifestations. QRS fragmentation was noted in ECG in 30%. In CMRI 94% patients had LGE, that located in subepicardial (54%), midmyocardial (48.5%), transmural (39%), sub endocardial (15%), RV sub-endocardial (40%) and septal (70%) locations. Presence of septal LGE correlated with conduction abnormalities (p = 0.035; 14/23 vs. 3/10). Presence of freewall LGE correlated with VT occurrence (14/24 vs. 1/8; p = 0.024). QRS fragmentation in ECC correlated with presence of LV and RV free wall LGE (13/24 vs 0/11; p = 0.015; sensitivity 54%, specificity 100%). Mean LVEF by CMRI was 40 ± 7.8 % and a low ejection fraction correlated with occurrence of HF (p = 0.041). These patients were followed up for an average duration of 3.8 ± 2.9 years. Four (10%) patients lost to follow up. A total of 4 (15%) new patients developed congestive heart failure on follow up. Total 9 (22.5%) patients died on follow up. Multivariate analysis showed that recurrent heart failure admission predicts early mortality.

Conclusion: In cardiac sarcoidosis patients, presence of septal LGE in CMR correlated with occurrence of conduction abnormalities while free wall LGE was more related to VT occurrence. Although arrhythmia was the most common presenting manifestation, clinical heart failure was seen in nearly 1/3rd of patients. High prevalence of heart failure and LGE on CMR, along with 23% mortality during the study period as noted in our study, may indicate a delayed recognition of cardiac involvement in the natural history of these patients.

COVID-19

ABN078

THROMBOPROPHYLAXIS FOR IMPROVING OUTCOMES IN COVID-19: AN INDIAN EXPERT CONSENSUS THROUGH VIRTUAL PARTICIPATION BY 810 PHYSICIANS

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Background: Emerging scientific evidence indicates that patients suffering from COVID-19 are at increased risk of thrombotic events.

Objectives: To formulate a position statement for the thromboprophylaxis in the context of COVID-19 based on the knowledge, information, and the practical experiences of the Indian physicians.

Methods: The Academy of Advance Medical Education (AAME) core expert panel formulated a structured questionnaire, with 15 questions targeted towards the physicians, shared on the individual whatsapp with prior telephonic consent. The responses were collated and collectively termed as the responses from the sub-expert group nationwide panel comprising 810 physicians. The data was anonymised and analysed by using GraphPad software version 8.4.3 and analysed for the corroborations with the contemporary literature and specific comments were suggested by the core expert group.

Results: The mean years of experience in the active clinical practice was 15 years (SD 12, 95% CI 14-16). Almost every other participant 55.8% (452) were of opinion that less than 10% of COVID-19 patients hospitalised in non-ICU patients had incidence of DVT despite pharmacological thromboprophylaxis. Approximately one-third 31.8% (258) believed D Dimer values of more than >3,000 µL/L was an independent risk factor. Vast majority (86%) considered COVID 19 as an important additional risk factor for DVT in hospitalised patients. More than half 52.8% (428) believed, the advantage for utilising NOACs over Unfractionated Heparin for inpatient COVID-19 thromboprophylaxis, is superior compliance and adherence with NOACs. The need for extended thromboprophylaxis, due to enhanced risk of thrombotic events’ even after discharge from hospital post COVID-19 treatment, was agreed upon by 57.9% (469). There is a strong need for formulating guidelines for NOACs for extended thromboprophylaxis post discharge for all admitted COVID-19 patients without contraindications or increased risk of bleeding, which was agreed by 6 out of 10 participants 59.6% (483). A majority 63.4% (514) agreed that dosages for NOACs that are typically given for the thromboprophylaxis of the medically ill, would suit the requirement of the COVID-19 patients for thromboprophylaxis post discharge. The duration of the course of NOACs as prophylactic treatment was opined by each one in four participants as either less than 2 weeks or more than one month as optimal duration.

Conclusions: The virtual expert nation-wide consensus exercise has shown favourable agreement of the participants with regards to the utilisation of thromboprophylaxis in COVID-19 patients. Appropriate prophylaxis to be initiated at the time of admission is the need and followed up with the cost effective, efficacious agents like NOACs, including dabigatran, at the time of discharge.

ABN0079

TRENDS AND OUTCOMES OF ACUTE CORONARY SYNDROME (ACS) IN COVID-19 PANDEMIC: EXPERIENCE FROM A TERTIARY CARE CENTRE

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Introduction: COVID-19 has significant impact on health care delivery system across the globe. It has been reported that hospital admissions due to ACS declined significantly in western world, suggesting less hospital visits by patients with cardiovascular diseases. However, data regarding the effect of this pandemic and its impact at the level of health sector of India on cardiovascular diseases are meagre.

Aim: Aim of the study is to analyse the impact of this pandemic on presentation and outcomes of ACS patients during this pandemic and to compare the effect of increasing pandemic on this population.

METHODS: Our study is a Retrospective, comparative study done at Apollo hospitals, Visakhapatnam. Patients presented to our centre with ACS from 1st June 2020 to 31st August 2020 were included in the study. The population was divided into two groups based on the number of reported COVID patients in the community. The first group (Group-1) comprised of the patients presented to our hospital from 1st March 2020 to 31st May 2020. The second group (Group-2) comprised of patients presented to our hospital from 1st June 2020 to 31st August 2020. The demographic profiles, clinical profiles, Clinical outcomes (in hospital mortality) were compared between the groups.

Results: Total number of population(n) is 327. Group 1 has 231 (70.6%), group 2 has 96 (29.4%) patients. The mean age of population was 59.91±11.85 years which did not differ among the groups. Surprisingly the proportion of patients from rural area

ABN0080

CLINICAL, ANGIOGRAPHIC PROFILE AND IMMEDIATE OUTCOME OF COVID-19 PATIENTS PRESENTING AS ACUTE CORONARY SYNDROME: AN OBSERVATIONAL STUDY

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Background: COVID 19 pandemic has involved around 213 countries and affected around 33 million people worldwide and around 6.2 million in India with about 1 million deaths worldwide. Lockdown was enforced in India as in other parts of the world to contain the spread of COVID 19 pandemic. However, it resulted in decreased hospitalization for acute coronary syndrome, delayed presentation and change in decision making.

The main aim of our study was to analyse the presenting pattern and outcome of COVID-19 patients.

Methods: In our study, done at tertiary care centre, patients of acute coronary syndrome over last 4 months underwent RT-PCR for SARS-CoV-2 and HRCT chest prior to admission. A total of 25 (5.8 %) patients with acute coronary syndrome who had evidence of COVID 19 infection were enrolled in the study. This group was evaluated for the risk factors, presenting symptoms, killip class, type of acute coronary syndrome (STEMI vs NSTEMI), time to presentation to hospital, treatment received (medical management/thrombolysis/PCI/CABG), cardiac arrhythmias, mean ejection fraction, HRCT chest (CORADS grading), any complications and immediate outcome.

Results: In our study group, mean age of presentation was 50.9 ± 12.8 years involving predominantly males (72%). Hypertension was present in 11(44%), diabetes in 7 (28%), smoking in 8 (32%) and obesity in 5 (20%) patients respectively. The main presenting symptom was only chest pain in 20 (80 %) patients followed by chest pain and dysnea in 4 (16 %) patients. Fever was present at the time of presentation in only 8 (32 %) patients.

Most common presentation was STEMI (84%). Only 5 patients (23.8 %) in the STEMI group presented to the hospital within the window period. Around 60 % patients presented with killip class I, 4 patients had cardiac arrhythmias (first degree heart block, 2:1 AV block, atrial fibrillation and ventricular tachycardia). Mean ejection fraction of our study group was 40.6 ± 8.9. Most common finding on HRCT chest was CORADS 5 (40%) followed by CORADS 4 (24%). Coronary angiogram was done in 4 (16%) patients who had persistent chest pain and intervention was attempted/done in 3 of these patients. Around 6 (24 %) patients had complications which included acute kidney injury in 1 patient, multiorgan dysfunction (MODS) in 3 patients out of which 2 patients died, ischemic hepatitis in 1 patient and lower limb DVT in 1 patient. Both the expired patients belonged to the non intervention arm.

Conclusion: In our study, 5.8 percent patients of acute coronary syndrome had evidence of COVID 19 infection. Most of these patients had delayed presentation to the hospital, a less of interventional strategy and more of conservative management was instituted. Intervention was done/attempted in 3 patients who had persistent chest pain. Complications developed in 24 % of the patients with a mortality of 8 %. The expired patients belonged to the non intervention arm and had multiorgan dysfunction.

Key words: COVID 19, acute coronary syndrome, mortality, CORADS grading