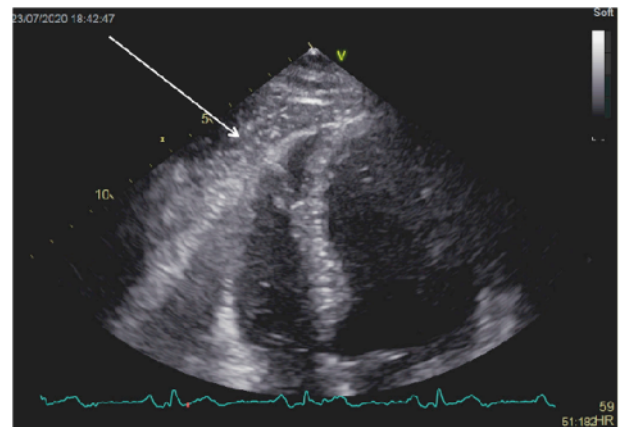


pericarditis was defined by different degrees of pericardial effusion. All patient were divided in two groups: 1) pericarditis group (A); 2) pericarditis-free group (B).

Results: Of 170 enrolled patient, 51 were females (30%) and 119 were males (70%). Median age for all patients was 67,6 + 13,3 (females: 70,5 + 16,2; males: 66,4 + 11,7). Of 170, n. 60 patients had a diagnosis of acute pericarditis (32,2%) and were included into Group A [age 69,2 + 12,6; 39 (65%) males aged 69,3 + 10,6, 21 (35%) females aged 69,1 + 16,0]. Of 60, only 6 had a pericardial effusion >10mm (10%); the remaining group A-patients (90%) had a mild pericardial effusion (<10mm). No patient had tamponade picture. Group B (pericarditis-free) included 110 patients, aged 66,7 + 13,7, 80 (72,7%) males aged 65,0 + 12,1, 30 (27,3%) females aged 71,4 + 16,6. Group A-patients had more days of intubation and a prolonged hospital stay compared with group B, with a significant difference ($p < 0.02$ and $p < 0,03$ respectively). N. 21 of 60 group A patients underwent a 7 weeks of CARDIAC REHABILITATION (CR) because of a LONG-COVID picture. In these patient a 6MWT was performed before and after CR. A significant increase of the walked distance after CR was found (from 352 + 21 to 498 + 31 - $p < 0.03$ - delta=41%).

Conclusion: Pericarditis is a frequent cardiovascular complication of COVID-19 (32,2% in our study) with clinical and prognostic implications. CR is essential for long-term recovery in these patients.



MYOCARDIAL AND PERICARDIAL DISEASES 2

P306 COVID-19 RELATED PERICARDITIS. CLINICAL IMPLICATIONS AND ROLE OF CARDIAC REHABILITATION IN SUBSEQUENT LONG-COVID SYNDROME

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Acute pericarditis is considered one of the cardiovascular complications of COVID-19.

Aim of the Study: The aim was to evaluate the prevalence and clinical implications of acute pericarditis diagnosed through the presence of pericardial effusion in patients with COVID-19.

Methods: The investigation is a retrospective observational study enrolling patients admitted to ICU of Madonna del Soccorso Hospital (San Benedetto del Tronto, Italy) because of a SARS-Cov2 induced severe acute respiratory syndrome. N.170 patients, admitted from 1st april 2020 to 30th april 2021, were enrolled. All patients presented a variable picture of bilateral ground glass opacifications at HR- Chest CT. Some patients underwent oro-tracheal intubation+invasive ventilation. All patients underwent cardiological consultation including a transthoracic bedside echocardiogram, using ultrasound E9-GE machine (Boston, MA, USA). Demographic, laboratory and clinical data were collected for all enrolled patients. The diagnosis of acute