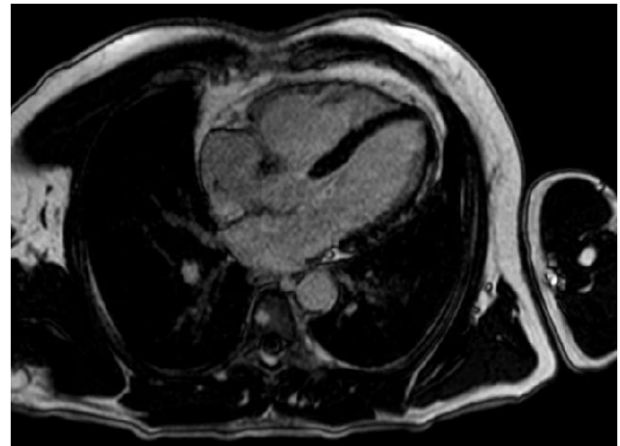


myocardial lesions, in one case it was observed a marked flaw in medium-apical-lateral region that was correlated to the described areas at the speckle tracking.



Conclusion: Our experience at the Cardiology and Sports integrated clinic, although it relied on a meager population of patients, it still demonstrated how echocardiographic analysis through GLS evaluation and the highlighting of sectorial alterations even in absence of cynesis anomalies can be used as a parameter to suppose the presence of miocarditic lesions that might be sent to the next RMN examination for confirmation, in young athletes with recent paucisymptomatic Covid-19 infection.



IMAGING IN CARDIOLOGY 5

P121 ECHOCARDIOGRAPHIC EXAMINATION ON AGONIST ATHLETES WITH RECENT PAUCISYMPOMATIC SARS COV 2 INFECTION, FOR THE RENEWAL OF AGONIST SPORT ACTIVITY ELIGIBILITY: PLAUSIBLE ROLE AND UTILITY OF GLS ANALYSIS THROUGH SPECKLE TRACKING

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Background: The aim of this work is to highlight whether or not the methodical echocardiography done through the analysis of global and segmental longitudinal deformation (GLS-SLS) can be useful to identify subclinical myocardial lesions in paucisymptomatic young agonist athletes with recent SarsCov2 infection before they return to agonist practice.

Material and Methods: From 12/2020 to 12/2021 84 agonist athletes with previous SarsCov2 infection have been examined at "Cardiomed Center" Maglie (Lecce, IT), as part of screening for their return to sport practice; all of them under standard echocardiographic analysis associated to GLS analysis, Holter-ECG analysis with 24h on 12 derivations.

Results: The base echocardiographic examination didn't show any myocardial cynesis anomalies in any patient. In 5 patients there was a presence of a light pericardial effusion, how it was supposed to be as an outcome of a previous inflammatory injury. The GLS analysis, that resulted in reliability considering the optimal acoustic window, showed a slightly lower medium value compared to the values cited in the literature (19.4 ± 2.9) and particularly 4 patients show considerable deficit reductions of segmentary strain. In these patients Holter analysis showed the presence of a moderate non-complex extrasystolic arrhythmia. These elements that are a reduced GLS with marked regional anomaly, coupled with the presence of ventricular arrhythmia even in absence of segmentary dissinergies- led to cardiac RMN evaluation. In 2 out of 4 patients there have been flaws that were compatible to modest