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		MI		Total	p Value	Significance
		NSTEMI	STEMI			
SEX	FEMALE	32(36.36)	4(26.67)	36(34.95)	0.467	Not Significant
	MALE	56(63.64)	11(73.33)	67(65.05)		
Total		88(100)	15(100)	103(100)		

		MI		Total	p Value	Significance
		NSTEMI	STEMI			
HTN	NO	39(44.32)	5(33.33)	44(42.72)	0.427	Not Significant
	YES	49(55.68)	10(66.67)	59(57.28)		
Total		88(100)	15(100)	103(100)		

		MI		Total	p Value	Significance
		NSTEMI	STEMI			
DM	NO	61(69.32)	10(66.67)	71(68.93)	0.837	Not Significant
	YES	27(30.68)	5(33.33)	32(31.07)		
Total		88(100)	15(100)	103(100)		

		MI		Total	p Value	Significance
		NSTEMI	STEMI			
CAD	NO	79(89.77)	13(86.67)	92(89.32)	0.719	Not Significant
	YES	9(10.23)	2(13.33)	11(10.68)		
Total		88(100)	15(100)	103(100)		

		MI		Total	p Value	Significance
		NSTEMI	STEMI			
INFARCT/ HAEMORRHAGE	INF	42(47.73)	8(53.33)	50(48.54)	0.205	Not Significant
	HAE	45(51.14)	6(40)	51(49.51)		
	IHAE	0(0)	1(6.67)	1(0.97)		
	ISC	1(1.14)	0(0)	1(0.97)		
Total		88(100)	15(100)	103(100)		

MI		Age	CKMB	EF
NSTEMI	Mean	60.24	59.84	58.24
	Median	60.00	37.70	60.00
	Std. Deviation	14.09	56.39	4.55
STEMI	Mean	57.53	55.25	58.47
	Median	57.00	31.90	60.00
	Std. Deviation	18.00	63.54	4.73
	p Value	0.537	0.289	0.985
	Significance	Not Significant	Not Significant	Not Significant

**Discussion**

**Conclusion:**

I took all patients presented with altered sensorium and evidence of myocardial injury either with new ecg changes of ST elevation or increase cardiac enzyme CKMB. There is high incidence of CVA as evident by intraparenchymal bleed or ischaemia in patients with altered sensorium. So it should not be neglected and its association should be explored more and both treated as both being fatal in its outcome by increasing the morbidity and mortality if left untreated. In my study I also found that with both these entities coexisting the fatality rate was high and around 90% of patients died within 10 days of the illness even after decompressive craniotomy done as a modality of treatment.

**Abstract – 97**

**TO DETERMINE ACCURACY OF STRAIN ECHOCARDIOGRAPHY IN COMPARISON TO SINGLE-PHOTON EMISSION COMPUTED TOMOGRAPHY IN OUT OF WINDOW PERIOD INFERIOR WALL MYOCARDIAL INFARCTION PATIENTS**

Dr. Akash Batta, Dr. Juniali Hatwal, Dr. Yash Paul Sharma.

**Introduction:** Primary percutaneous intervention remains the principal treatment modality for the treatment of myocardial infarction patients.

However, a large fraction of patients especially in the developing countries present outside the window period (OWP) with no chest pain and akinetic regional territory on echocardiography. Revascularization in these patients is guided by viability status.

**Methods:** All patients presenting with inferior wall myocardial infarction (IWMI-OWP) without ongoing chest pain and akinetic territory on echocardiography were recruited. All patients underwent single-photon emission computed tomography (SPECT) and strain echocardiography for determination of both Global longitudinal strain (GLS) and territorial longitudinal strain (TLS) within 24-72 hours of IWMI.

**Results** A total of 24 patients were recruited. The mean age of the population was 63.46 + 13.5 years and had male preponderance with 18 (75%) patients. Out of 20 patients who underwent angiography, majority of the patients 14 (70%) had single vessel disease involving the RCA. The mean left ventricular ejection fraction (LVEF) of the study group was 42.6 + 7.5%. The mean GLS and RCA territory TLS of the study group was -14.18 + 2.14% and -8.3 + 3.74% respectively. On SPECT, 6 (25%) patients had non-viable underlying myocardium. Parameters that very significantly associated with non-viability on SPECT included past history of smoking (p=0.04) and presentation with LVF (p=0.02) and CS (p=0.01). The mean LVEF was significantly lower in the group with non-viability on SPECT (52.5 + 6.2% vs 33.1 + 7.5%; p<0.001). Both GLS (-15.6 + 2.4% vs -11.6+ 3.3%; p=0.04) and TLS (-13.4 + 2.2% vs -6.8 + 2.8%; p=0.01) were significantly higher in group showing non-viability on SPECT. A GLS of > -15.4% had a sensitivity of 83.4% and specificity of 78.5% in predicting non-viability on SPECT. Similarly, a TLS of > -12.7% had a sensitivity of 73.6% and specificity of 80.5% in predicting non-viability on SPECT. Both GLS and TLS showed good accuracy in predicting non-viability on overall quality model.

**Conclusion:** Modalities to determine myocardial viability include cardiac magnetic resonance, SPECT or positron emission tomography. These are resource dependent and are challenging in unstable patients. Strain echocardiography can be performed safely and quickly in this high-risk group.

**Abstract – 98**

**GLOBAL LONGITUDINAL STRAIN IN MILD COVID-19 PATIENTS**

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**Background:** Abundant literature has emerged over the past 2 years as to the presence of myocardial injury in COVID-19. Most literature points to the presence of systolic/diastolic dysfunction in sicker COVID-19 patients requiring oxygen support. Limited literature is there on the presence of subclinical LV dysfunction amongst mild COVID-19 patients.

**Methods:** Forty-two patients recovered (>1 month after diagnoses) from mild COVID-19 (SpO2 >94% after 6MWT and respiratory rate <24/min) were enrolled and all underwent strain echocardiography and determination of GLS (Global longitudinal strain). All patients had an ejection fraction >50% at the time of enrolment. Another 50 chronic stable angina patients with an ejection fraction >50% were taken as controls who also underwent GLS determination. Besides echocardiography, routine blood investigations were also performed for all patients.

**Results:** The mean age of the study group was 50.5 (±12.8), with 66% being males. Hypertension (50%) was the commonest comorbidity followed by diabetes(30%). The mean LVEF was comparable in the two groups: 56.5 (±6.8) % vs 57.6 (±6.5) % (p=0.78). However, the mean GLS was significantly lower in the mild COVID-19 recovered patients compared to the controls. The mean GLS in the mild COVID-19 recovered patients 16.4 (±2.8) compared to the chronic stable angina patients 18.2(±3.2) (p=0.001). NT pro-BNP was also higher in the mild COVID-19 recovered compared to the stable angina patients 159.3 (±96.5) pg/ml vs 89.3 (±77.5) pg/ml (p=0.02).

**Conclusion:** Our study reflects the increased prevalence of subclinical LV dysfunction even in mild COVID-19 patients compared to the controls. Also serum NT pro-BNP was also higher reflecting the same.