Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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 retrospectivelyanalyzed. CS diagnosed based on 2014 HRS Expert ConsensusRecommendations. In those with complete CMR data, the pattern anddistribution of late Gadolinium enhancement (LGE) were correlated withthe major clinical presentations.
Results: A total of 41 patients (30 males, mean age 49 ± 8.8 years) diagnosed tohave 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 subendocardial (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, $p = 0.024$). QRSfragmentation in ECG correlated with presence of LV and RV free wallLGE (13/24 vs 0/11, $p = 0.015$; sensitivity 54%, specificity 100%). MeanLVEF by CMRI was 40. ± 7.8 %, and a low ejection fraction correlatedwith occurrence of HF ($p = 0.041$). These patients were followed up for amean 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 onfollow up. Total 9 (22.5%) patients died on follow up. Multivariateanalysis revealed NYHA class, ESR, heart failure at presentation, andejection fraction during follow up, but not VT to be predictors ofmortality. Survival analysis showed that recurrent heart failure admission predicts early mortality.
Conclusion: In cardiac sarcoidosis patients, presence of septal LGE in CMRIcorrelated with occurrence of conduction abnormalities while free wallLGE was more related to VT occurrence. Although arrhythmia was themost common presenting manifestation, clinical heart failure was seen in nearly 1/3rd of patients. High prevalence of heart failure and LGE onCMR, along with 23% mortality during the study period as noted in ourstudy, may indicate a delayed recognition of cardiacinvolvement in thenatural 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 corroboration 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 μg/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 utilization 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 INTRODUCTION

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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 March 2020 to 30th September 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 August2020. 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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