



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

☆ **Complex Clinical Cases**

MASSIVE BIVENTRICULAR THROMBOSIS IN ASYMPTOMATIC CORONAVIRUS-2019 INFECTION

Poster Contributions
For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

Session Title: Complex Clinical Cases: FIT Flatboard Poster Selections -- Covid
Abstract Category: FIT: Coronavirus Disease (COVID-19)

Authors: *Israa Taha, Kashyap Shah, Abdelsalam Elshaikh, Leyla Gasimli-Gamache, Christie Catterson, Amit K. Gupta, Jamshid Shirani, St. Luke's University Health Network, Bethlehem, PA, USA*

Background: Coronavirus-2019 infection (COVID-19) triggers consumptive coagulopathy with both venous and arterial thrombotic complications. Intracardiac thrombi are uncommon in COVID-19 and occur primarily in setting of prior heart disease, acute myocardial infarction or systolic dysfunction.

Case: A 39 year old man presented with bilateral lower extremity pain without signs or symptoms of heart disease 3 weeks after COVID-19. D-dimer and troponin were elevated and diffuse ST-elevation was seen on ECG (Figure 1A). CT of chest showed multifocal ground glass opacities in lungs and an incidental left ventricular (LV) mass. Echocardiogram showed normal LVEF (55%) and large, pedunculated multi-lobed and mobile biventricular apical thrombi (Figure 1B, arrows). Thrombosis panel was unremarkable.

Decision-making: Low molecular weight heparin was started with a bridge to warfarin and goal INR of 2-3. The optimal duration of therapy for intracardiac thrombi in setting of COVID-19 is unclear and, thus, early follow up imaging was planned. Repeat ECG and echocardiogram in 2 months showed resolution of ST segment changes (Figure 1C) and significant reduction in the size of apical thrombi (Figure 1D, arrows).

Conclusion: Asymptomatic COVID-19 may be associated with myopericarditis and apical thrombi in the absence of significant ventricular systolic dysfunction. Anticoagulation appears effective and requires monitoring with repeat imaging studies.

