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110595

MODALITY: E-POSTER YOUNG RESEARCHER - CASE REPORT
CATEGORY: COVID-19 AND CARDIOVASCULAR SYSTEM

TITLE: ACUTE CORONARY SYNDROME CORRELATION BETWEEN ECHOCARDIOGRAM, CATHETERIZATION AND COVID-19

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Background: Acute coronary syndrome (ACS) is an event that happens because of rupture of an atherosclerotic plaque, leading to ischemia of the heart muscle. The Covid-19 pandemic raised questions related to the increase in the number of infarctions, perhaps due to the destabilization of plaques by the inflammatory substrate. **Objectives:** to make a correlation between the clinical variables of the presentation, complementary exams such as ECG, echocardiogram and catheterization and the concomitant presentation with Covid-19. **Methods:** We evaluated 62 patients consecutively admitted with the diagnosis of ACS to a public hospital in São Paulo in 2021, during the Covid-19 pandemic. **Results:** The mean age of the patients was 66.9 years and standard deviation 10.44, 51.6% were men, 66.12% were hypertensive, 33.87% had diabetes, 14.51% had a documented history of coronary artery disease (CAD), 35% with a high risk GRACE score, 6.45% with Covid-19, of which 75% with STEMI. In the ECG, we obtained 11.29% of anterior ischemia, 12.9% of posterior ischemia and 20.96% without alteration. On the echocardiogram, the mean LVEF was 0.57 quantified by the Simpson method, 12.9% of regional change in the anterior wall and 24.19% of the posterior wall. In catheterization, the predominance was involvement of the anterior descending artery with 16.12% and only 3.22% without obstructive CAD. Only one patient with Covid-19 had a normal ECG. **Conclusions:** In a population treated with the diagnosis of ACS during the Covid-19 pandemic, the prevalence of positive cases was low, however, the incidence of STEMI seems to be high in this population, which denotes greater attention to the care and clinical evolution of these patients.

109893

MODALITY: E-POSTER YOUNG RESEARCHER - CASE REPORT
CATEGORY: CARDIOVASCULAR SURGERY

TITLE: TAKOTSUBO SYNDROME AFTER MITRAL VALVE SURGERY

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INTRODUCTION: Takotsubo Syndrome is a recurrent diagnosis, however, it's rarely seen post cardiac surgery. The disease usually occurs after physical or emotional stress, most prevalent in post-menopausal women. The clinical features may present similar to acute coronary syndrome, with chest pain and electrocardiogram (ECG) alterations, but with this diagnosis being excluded after the absence of obstructive lesions in coronary angiography and encountering typical echocardiogram findings, such as compensatory apical akinesia and basal compensatory hypercontractility. **CASE DESCRIPTION:** A 56-year-old woman with a history of rheumatoid arthritis, active smoking and percutaneous mitral valvuloplasty in 2007, presents with functional class II dyspnea and transthoracic echocardiogram (TTECO) showing important mitral regurgitation. Patient was submitted to mitral valve replacement surgery with a mechanical prosthesis on March 2022, without complications. In the immediate postoperative care, the patient evolved with cardiogenic shock, requiring vasoactive drugs. The ECG presented with T-wave inversion of precordial leads and TTECO revealed hypercontractility of the basal segments and akinesia of medium-apical segments, with left ventricular ejection (LVEF) of 20%. During hospitalization the patient gradually improved from cardiogenic shock, with normalization of LVEF to 64%. **CONCLUSION:** Takotsubo Cardiomyopathy is a reversible condition, characterised by transient ventricular dysfunction, with rare cases described in the context of postoperative care due to valve surgery. The surgical intervention can be considered as a trigger for the development of this syndrome.

109916

MODALITY: E-POSTER YOUNG RESEARCHER - CASE REPORT
CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT

TITLE: AN INTEGRATIVE APPROACH TO ELUCIDATE EXERCISE INTOLERANCE MECHANISMS IN HEART FAILURE WITH FUNCTIONAL MITRAL REGURGITATION

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BACKGROUND: Functional mitral regurgitation (fMR) is associated with worse prognosis in heart failure (HF). Furthermore, fMR severity worsening during exercise has been associated with even worse prognosis in this scenario. **REPORT:** A 44-year-old female with post-chemotherapy HF and moderate fMR presented with progressive exercise intolerance. To further elucidate mechanisms of exercise intolerance, combined exercise invasive hemodynamic assessment and exercise echocardiography were carried. The procedure was performed by right brachial venous access with exercise at a cycle ergometer. Hemodynamics were evaluated at rest and during progressive incremental exercise, with combined transthoracic echocardiography at both stages. At exercise in a 20 Watts work-load, fMR worsening and increase in pulmonary artery pressures occurred. These findings suggest a potential role of fMR in exercise intolerance. **CONCLUSION:** Exercise pulmonary hypertension is associated with worse prognosis in fMR. Whether transcatheter mitral valve interventions may alter prognosis in this scenario is yet to be determined. We herein present a case of exercise intolerance that is potentially related to fMR worsening during exercise. Our group is prospectively evaluating the role of combined invasive exercise hemodynamic assessment and exercise echocardiography to elucidate mechanisms of exercise intolerance in fMR.



109927

MODALITY: E-POSTER YOUNG RESEARCHER - CASE REPORT
CATEGORY: CARDIOVASCULAR INTENSIVE CARE/ CARDIOVASCULAR EMERGENCIES

TITLE: ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI) AND PERICARDITIS EPISTENOCARDICA DUE TO CORONARY THROMBOSIS ASSOCIATED WITH CANNABIS USE IN A PATIENT WITH LOW CARDIOVASCULAR RISK

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INTRODUCTION: Certain habits and practices present in groups defined as low risk for cardiovascular disease may be associated with the occurrence of major clinical events, such as acute myocardial infarction (AMI) and stroke. The following report portrays the case of a low-risk patient who suffered from a STEMI followed by pericarditis and whose only risk factor would be recreational cannabis use. **CASE REPORT:** A 35-year-old male with no previous comorbidities or positive family history of cardiovascular disease reported the onset of angina at 03pm on 02/26/2022, only seeking medical attention due to unrelenting thoracic discomfort by 5am on 02/27/2022. He admitted having an average alcohol consumption of 2-3 doses a day on weekends, and a daily cannabis use (up to 10 cigarettes a day), with no use of other drugs in the last 10 years. During assessment, he was in Killip class II and the ECG showed an anterior wall ST elevation, with high sensitivity troponin levels >25000. With the diagnosis of anterior STEMI he was referred to the quaternary reference hospital for a primary angioplasty, where he arrived at midday. The coronary angiography showed significant thrombosis in the proximal segment of the anterior descending artery (ADA) and a stenosis of approximately 40%. There was also an occlusion in the distal segment, with features suggestive of thromboembolism. Other vascular beds had no lesions whatsoever. Thromboaspiration and angioplasty of the distal segment were performed, without any success in achieving reperfusion. Therapy with intravenous GpIIb/IIIa inhibitor infusion (Tirofiban) for 24 hours was undertaken due to the high thrombotic burden. The next day he evolved with recurrence of severe pleuritic chest pain and underwent a new angiography, with no new findings. Despite that, it was decided to treat the remaining stenosis in the ADA's proximal segment. Subsequent ECGs presented diffuse ST-segment elevation associated with PR segment depression, suggestive of pericarditis epistencardica. Echocardiographic data showed an ejection fraction of 40% and mild pericardial and pleural effusions. An association of Aspirin + clopidogrel and colchicine 0.5mg of 12/12h was prescribed for the management of both STEMI and pericarditis. The patient evolved with an inactive electrical zone in the anterior wall and regression of the ST elevation, in addition to a recovery of the ejection fraction (48% on 03/09/22) and lessening of the symptoms.