

Chest Pain in COVID-19 Patients May not Refer to Cardiac Ischemia

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ARTICLE INFO

Letter to the Editor

Keywords: COVID-19, ischemia, Pandemy, ARDS

Received: 26 Oct. 2020

Received in revised form: 20 Nov. 2020

Accepted: 29 Nov. 2020

DOI: 10.29252/JoMMID.8.3.126

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Dear Editor

The coronavirus disease pandemic 2019 (COVID-19) has inflicted many populations with respiratory system problems worldwide. Patients with COVID-19 have a wide range of symptoms such as shortness of breath, cough, fever, chills, headache, muscle pain, respiratory failure, septic shock, and acute respiratory distress syndrome (ARDS) [1].

One of the symptoms of COVID-19 can be chest pain. Chest pain has different types and outcomes according to its underlying causes with various etiologies involved. The most common heart problems that cause chest pain include 1) pericarditis characterized by a sharp and sudden pain worsening with breathing (pleuritic pain), 2) angina or coronary heart syndrome, which causes typical chest pain characterized by an intense sub-sternal pressure radiating up to the neck, jaws, shoulders, and the left arm, and 3) aortic dissection which presents with severe pain and a feeling of tearing in the chest. There are several non-cardiac causes of chest pain, such as costochondritis, sore muscles, trauma to ribs, pulmonary embolism, pleurisy, pulmonary collapse and hypertension, and gastric problems [2-4].

In evaluating the COVID-19 patients referred to the cardiology clinic of the Shohada hospital of Sarpol-e Zahab, Kermanshah Province, we found that young patients with mild COVID-19 disease often complained of atypical chest pain (ACP). All the mentioned young patients had mild, spotted, and non-functional chest pain, which was not the typical acute coronary syndrome or pericarditis. In most patients, electrocardiography (ECG) was normal, and there were no ischemic changes. There was no evidence of pericarditis, no regional wall motion, and no pericardial effusion observed in ECG. Pulmonary artery pressure was normal. An exercise tolerance test in patients with coronary heart disease risk factors revealed normal results in most individuals. In patients with abnormal exercise tolerance tests, myocardial perfusion imaging (MPI) and computed tomography angiography (CTA) revealed evidence of coronary involvement, only in a few patients.

In conclusion, it seems that a high percentage of COVID-19 patients who complain of chest pain have no cardiovascular diseases. Chest pain is one of the significant reasons for COVID-19 patients' referrals to

heart clinics, imposing extra costs on countries' health care systems.

ACKNOWLEDGMENT

The authors would like to acknowledge patients and personnel of the cardiology clinic of Shohada hospital of Sarpol-e Zahab, Kermanshah Province, Iran.

CONFLICT OF INTEREST

The authors claim that there is no conflict of interest associated with this article.

REFERENCES

1. Yunpeng Ji, Zhongren Ma, Maikel P Peppelenbosch, Qiuwei Pan. Potential association between COVID-19 mortality and

health-care resource availability. *Lancet Glob Health*. 2020; 8 (4): e480.

2. Mark Sweeney, Gillian Bleeze, Sarah Storey, Alexander Cairns, Alexander Taylor, Catherine Holmes, et al. The impact of an acute chest pain pathway on the investigation and management of cardiac chest pain. *Future Healthc J*. 2020; 7 (1): 53-9.

3. David J. Dries MSE. *Chest Pain*. *Air Med J*. 2016; 35 (3): 107-10.

4. Janina Stepinska, Maddelena Lettino, Ingo Ahrens, Hector Bueno, Luis Garcia-Castrillo, Abdo Khoury, et al. Diagnosis and risk stratification of chest pain patients in the emergency department: focus on acute coronary syndromes. A position paper of the Acute Cardiovascular Care Association. *Eur Heart J Acute Cardiovasc Care*. 2020; 9 (1): 76–89.

Cite this article:

Mehrabi Nasab E, Athari SS. Chest pain in COVID-19 patients may not refer to cardiac ischemia. *J Med Microbiol Infect Dis*, 2020; 8 (3): DOI: 10.29252/JoMMID.8.3.126