Cardiac Echocardiography in COVID-19 Infection

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The novel COVID-19 disease mainly affects respiratory organs; however, involvement of cardiovascular system is also not uncommon. Cardiac involvement can manifest as myocarditis, heart failure, myocardial infarction, pulmonary embolism, or arrhythmias in COVID-19 patients. This novel Coronavirus enters into the cells of the human body by binding to ACE-2 receptors which are predominantly present on pneumocytes and cardiomyocytes. The damage to myocardium is manifested by the increase in cardiac enzymes such as troponin-I, CK-MB, and NT pro-BNP. Although echocardiogram is an important tool in the cardiac evaluation of COVID-19 patients, its indiscriminate use is discouraged, owing to the risk of transmission to echocardiography service providers, as well as possible risk of contaminating echocardiography equipment. In this article, we discuss the different mechanisms and cardiac manifestations of COVID-19. We also review the current guidelines for echocardiography evaluation of COVID-19 patients as well as current recommendations on safety of echocardiography personnel and equipment against contamination. We also include our experience of two cases in which COVID-19 affliction of heart was strongly suspected, and echocardiography clinched the diagnosis.

Abstract

The novel COVID-19 disease mainly affects respiratory organs; however, involvement of cardiovascular system is also not uncommon. Cardiac involvement can manifest as myocarditis, heart failure, myocardial infarction, pulmonary embolism, or arrhythmias in COVID-19 patients. This novel Coronavirus enters into the cells of the human body by binding to ACE-2 receptors which are predominantly present on pneumocytes and cardiomyocytes. The damage to myocardium is manifested by the increase in cardiac enzymes such as troponin-I, CK-MB, and NT pro-BNP. Although echocardiogram is an important tool in the cardiac evaluation of COVID-19 patients, its indiscriminate use is discouraged, owing to the risk of transmission to echocardiography service providers, as well as possible risk of contaminating echocardiography equipment. In this article, we discuss the different mechanisms and cardiac manifestations of COVID-19. We also review the current guidelines for echocardiography evaluation of COVID-19 patients as well as current recommendations on safety of echocardiography personnel and equipment against contamination. We also include our experience of two cases in which COVID-19 affliction of heart was strongly suspected, and echocardiography clinched the diagnosis.

Keywords

► cardiac involvement
► COVID infection
► echocardiography for cardiac evaluation

Introduction

The Coronavirus pandemic, which started in late 2019 and is still ongoing, has severely stretched and overwhelmed the healthcare infrastructure all over the world. The SARS CoV-2 is transmitted by droplets, which enter the mucous membranes of the patients’ eyes, nose, and mouth. ACE-2 receptors, predominantly present in the lungs, facilitate the entry of the virus into the cells.

Cardiac involvement in the coronavirus infection is relatively uncommon in low-risk, younger, asymptomatic patients (< 40 yrs). In middle age/elderly patients, the cardiac involvement progressively increases, and in patients requiring intensive care facilities, with or without ventilator therapy, the prevalence of heart involvement rises steeply and could be in the range of 50 to 60%.

Cardiac Involvement due to Coronavirus Infection can Occur in (Table 1):

1) Patients with preexisting heart disease—coronary artery disease, well-compensated congenital heart disease, valvular heart disease, as well as those in whom there is involvement of the heart in comorbid conditions such as hypertension, diabetes and chronic kidney disease. These patients can undergo worsening and decompensation due to acute stress.

2) Direct/indirect involvement of myocardium (myocarditis) is as follows:

• Direct involvement of the myocardium occurs because of the viral RNA affecting the endothelium of the myocardial vessels, leading to release of troponins (troponin–T and I), causing varying degrees of myocardial dysfunction.

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Cardiac involvement due to pulmonary embolism.

- The prevalence of pulmonary embolism is likely to be in the range of 20 to 30% in patients with COVID pneumonias.
- Significant elevation of D-dimer levels is likely to indicate a high-probability acute pulmonary embolism in a patient with COVID pneumonia and hypoxemia.

Acute cor pulmonale causing right ventricular (RV) enlargement can occur as a result of pulmonary embolization or severe hypoxemia due to COVID pneumonia.

Table 1 Cardiac involvement COVID-19

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Arrhythmias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocarditis</td>
<td>Stress cardiomypathy</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Myocardial infarction</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td>Myocardial ischemia due to demand-supply mismatch</td>
</tr>
<tr>
<td></td>
<td>Septic shock</td>
</tr>
<tr>
<td></td>
<td>Cytokine storm/multiorgan failure</td>
</tr>
</tbody>
</table>

Table 2 Drugs linked to arrhythmias in COVID-19 patients

<table>
<thead>
<tr>
<th>Type of arrhythmia</th>
<th>Cautious use of drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign atrial/ventricular ectopics</td>
<td>–</td>
</tr>
<tr>
<td>Congenital arrhythmias: long QT interval, short QT interval, Brugada syndrome</td>
<td>Chloroquine, Hydroxychloroquine, Azithromycin, Lopinavir/ritonavir</td>
</tr>
<tr>
<td>Catecholaminergic polymorphic ventricular tachycardia</td>
<td>Epinephrine, dopamine and dobutamine</td>
</tr>
</tbody>
</table>

Management

The management of cardiac involvement during COVID infection could be challenging, especially with regard to treatment of hypotension, shock, decompensated cardiac failure, malignant arrhythmia, and electrolyte imbalance. Continuous ECG monitoring in the ICU/telemetric monitoring is an essential component for detecting/managing cardiac arrhythmias. Various cardiac imaging modalities may be required, for example, echocardiography, cardiac CT, and MRI. Critical cardiac care also includes the use of inotropes, vasopressors, antiarrhythmics, diuretics, as well as appropriate management of dyselectrolytemia. Many drugs are presently under trial for specific treatment of COVID-19 (Table 3).

Use of Cardiac Imaging in the Management of COVID Patients: Guidelines and Protocols

Echocardiography is the most widely used cardiac imaging modality as it is noninvasive, portable and extremely cost-effective with accurate and immediate results. However, the use of echocardiographic technique exposes...
the operator to a high-risk of being infected by the COVID patients; also, there is risk of contamination of the echocardiographic equipment in the COVID ICU (►Table 4).

- Echocardiographic procedure should only be used if there is likelihood of being incremental advantage in the management of the COVID patient with suspected/diagnosed cardiac involvement. Furthermore, echocardiography should be used if it is likely to provide substantial change in management strategy (drug therapy, interventional therapy, or cardiac surgery). Thus, the use of echocardiography should be restricted to the following situations:

1) Hemodynamically unstable patients.
2) Patient with decompensated cardiac failure.
3) Heart murmur.
4) Evaluation of patients with known preexisting cardiac disease.\(^{21,23}\)

- However elaborate precautions should be undertaken with regard to protection of the personnel with adequate personal protection equipment (PPE) as well as protection of echocardiographic equipment from contamination. The detailed process of protection of the equipment can be divided into:

A) Before the echocardiographic procedure:

1) Echocardiographic machine is carefully and thoroughly cleaned with sodium hypochlorite solution, including transducers, knobs, touch screen panel, and the monitor of the machine.

2) After drying, the knobs’ board, touch screen panel, monitor, and transducer, are then completely covered with transparent polythene, as shown in ►Fig. 1.

3) The main body of the echocardiography machine, the transducer connecting cords, connectors, as well as the electrical wires, are draped in an outer polythene covering, as shown in ►Fig. 1.

B) During echocardiographic procedure on a COVID patient, the outer draping of the body is removed, while the transducers, touch panel, monitor and knobs remain covered with transparent polythene.

C) After the echocardiographic procedure, the echo machine is wheeled back to the echo room, and all the polythene coverings are removed. The entire echocardiographic machine is again cleaned meticulously with sodium hypochlorite solution, and the entire process is then repeated for another examination on COVID/suspected COVID patient.

- High-quality PPE should be provided (as shown in ►Fig. 1), including complete covering of the face, eye-protection glasses, and headgear.

- ECG leads need not be attached to the echocardiographic equipment. The examination should consist of four or five basic views (parasternal LA/SA, Apical 4C/2C, and subcostal or hypochondrial views). The basic aim of the imaging should be:

1. To provide assessment of the LV size and function.
2. To provide assessment of the RV size and function.
4. Assessment of pericardial/pleural effusion.
5. Assessment of fluid status (central venous pressure by inferior vena cava [IVC] size).

### Table 3 Anti-COVID drugs under investigation\(^{17-21}\)

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Mechanism of action</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloroquine/hydroxychloroquine</td>
<td>Inhibits the production and release of TNF and IL-6</td>
<td>No authoritative RCT</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>Antibacterial with antiviral action- Inhibits protein synthesis</td>
<td>No authoritative RCT</td>
</tr>
<tr>
<td>Ritonavir/lopinavir</td>
<td>Anti-HIV drugs--protease inhibitors</td>
<td>No authoritative RCT</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>Nucleotide analog which inhibits viral RNA synthesis and replication</td>
<td>Highly promising drug with randomized study, showing significant reduction in duration of active disease among severely ill patients.(^{16})</td>
</tr>
<tr>
<td>Tocilizumab</td>
<td>Antibody to the IL-6 receptor</td>
<td>Used for cytokine storm</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>Anthelmintic drug which reduces COVID-19 replication in vitro</td>
<td>In vivo effect not confirmed</td>
</tr>
<tr>
<td>Plasma therapy</td>
<td>Antibodies in plasma of recovered patients</td>
<td>Promising therapy undergoing trials</td>
</tr>
</tbody>
</table>

Abbreviation: RCT, randomized control trial.

### Table 4 Appropriate use criteria for echocardiograph\(^{22,23}\)

| Only POCUS or FOCUS views are recommended for quick assessment in critical areas |
| Measurements for LV, RV and LA can be performed offline. |
| TTE (off axis views or contrast) preferred over TEE |
| Use of CT or MRI instead of TEE preferred in cases like LAA clot |
| Pharmacological stress tests may be preferred over treadmill stress |

Abbreviations: LA, left atrial; LAA, left atrial appendage; LV, left ventricle; TEE, transesophageal echocardiography; TTE, transthoracic echocardiography; RA, right atrial; RV, right ventricle.
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Case 2–A 65-year-old diabetic male, with h/o high fever along with breathing difficulty, was admitted with hemodynamic instability for further management. X-Ray revealed large B/L consolidation. His HR–120/min, BP–80/60 mm Hg, and SPO2–88% at room air. Emergency echocardiography was done with a strong suspicion of myocarditis (►Fig. 3). Hematological investigations revealed leucocytosis and lymphopenia. COVID test was positive. Echocardiography ruled out any direct or indirect involvement of heart in this patient. Later troponin and NT-proBNP levels were also found to be normal.

Conclusion

Although COVID involvement of the heart is uncommon in young, asymptomatic individuals; it is likely to be a challenging situation in the middle age/elderly population, especially with comorbid conditions. Appropriate management of decompensated, unstable, cardiac
patients in the COVID ICU is extremely demanding and requires expert management. A judicious use of echocardiography is advised. Hemodynamically, unstable patients may require echocardiography, but in patients with normal troponin levels, its use may be obviated. For performing an additional LV angiogram in patients undergoing coronary angiography or cardiac evaluation by CT scan in patients undergoing CT of the chest for pulmonary embolism, the need of echocardiography can be deferred. However, where patients cannot be transported, bedside echocardiography is an important tool. Provision of high-quality PPE, disinfecting, and draping of the echocardiographic equipment is essential. In the two patients described above, the use of echocardiography was crucial to diagnosis.

**Conflict of Interest**

None.

**References**

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