Cure from Covid-19 without sequelae

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A study reports that the vast majority of people affected by milder forms (without hospitalization) of Covid-19 do not develop serious sequelae of the disease.

Recently, there has been a lot of talk about people who have successfully recovered from Covid-19, but still continue to have persistent symptoms (fatigue, cough, difficulty breathing) for several months after the initial infection. This lengthy COVID is obviously having a negative impact on the quality of life of these people, and this problem is going to worsen given the millions of people who have been infected with the SARS-CoV-2 coronavirus around the world.

The existence of these persistent symptoms should not, however, make us forget that the vast majority of patients affected by the disease are able to recover completely, without long-term negative effects. This is well illustrated by a study recently published in *The Lancet Infectious Diseases* which analyzed the course of the disease in 8,983 people infected with SARS-CoV-2, compared to a control group of 80,894 uninfected people (1).

NO GREATER DETERIORATION

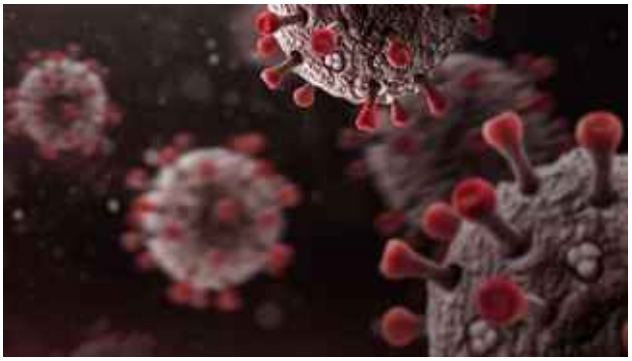
The analysis shows that, overall, patients who tested positive for the coronavirus did not appear to have a greater deterioration in their health, as detected by a significant increase in the intake of new drugs or by the onset of a new disease within six months of the onset of infection.

For example, compared to those whose SARS-CoV-2 test was negative, infected people had similar risks of initiating drugs to dilate the airways (1.8% versus 1.5%) or drugs to treat migraines (0.4% versus 0.3%). The risks of receiving a hospital diagnosis for a new condition during follow-up were also similar in the two groups (approximately 25%). People who did not require hospitalization during their COVID have no increased risk of serious complications, such as stroke, encephalitis or psychosis.

In the early months of the pandemic, there was much concern about the potential heart damage caused by the virus. For example, German researchers reported in July 2020 that 78% of patients with COVID-19 had abnormalities that could be detected by cardiac magnetic resonance, and that 60% showed signs of inflammation of the heart muscle (myocarditis). However, the study was carried out too quickly, without adequate controls, and after verification it turned out that the presence of these anomalies was not significantly higher than in the general population.

A recent study has just confirmed the absence of serious heart damage in people who have developed milder forms (without hospitalization) of Covid-19 (2).

The researchers looked at the structure and function of the heart by analyzing cardiac MRI scans of 74 healthcare workers who had tested positive for COVID, and compared the scans obtained with those of 75 workers who had not been affected by COVID-19.



HEART SPARED

The results showed no difference in the size or amount of left ventricular muscle or its ability to pump blood out of the heart. The amount of inflammation and scarring in the heart, and the elasticity of the aorta were similar between the 2 groups, as were the levels of markers of heart damage (troponin and NT-proBNP).

Studies of professional athletes come to similar conclusions, that is, the presence of heart damage in those who have contracted Covid-19 is a very rare phenomenon, with less than 1% of these athletes who presented with magnetic resonance or stress ultrasound abnormalities, and none of them developed heart problems following their return to play (3). It therefore seems that, fortunately, the heart is not one of the main organs affected by COVID-19 and that heart damage is a very marginal collateral damage to infection with the coronavirus. Overall, the risks of complications associated with COVID-19 therefore seem very low in patients who did not need to be hospitalized during their illness.

(1) Lund LC et al. Post-acute effects of SARS-CoV-2 infection in individuals not requiring hospital admission: a Danish population-based cohort study. Lancet Infect. Dis., (published online, May 21st, 2021).

(2) Joy G et al. Prospective case-control study of cardiovascular abnormalities 6 months following mild COVID-19 in healthcare workers. JACC Cardiovasc. Imaging, (published online, May 5th, 2021).

(3) Martinez MW et al. Prevalence of inflammatory heart disease among professional athletes with prior COVID-19 infection who received systematic return-to-play cardiac screening. JAMA Cardiol., (published online, March 4th, 2021).

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