

LETTER TO THE EDITOR

WILEY

How is the cardiovascular patient managed during Covid-19 pandemic? A report from the frontline

To the Editor,

By February 2020 Covid-19 pandemic started killing European patients and healthcare practitioners, beginning in the Northern part of Italy, but spreading all over the world. The healthcare systems of Western countries have been stressed and suffered the need for a sudden reorganization to face this disaster. Who will pay the consequences for this shift in human and physical resources? As a Cardiologist, I fear our patients will pay the highest price.

Two days ago I was contacted by the son of one of my patients. His father had died of sudden death after 3 days of remittent chest pain and dyspnea, but did not come to our emergency room for the fear of being infected by SARS-Cov-2. The rate of in-home sudden deaths in Lombardy was increased by 240% in the month of March if compared with 12 months earlier.¹ One of the main causes for this huge increment is the media-directed fear of going to hospital and getting in touch with Covid-positive patients and physicians (in Italy by April 17th, 108 doctors have died due to complications related to Covid-19).

Luckily, we expect that the vast majority of patients with cardiovascular disease in the Covid-era will survive, and will ultimately develop heart failure in the next few months. Are we ready for this? I guess not. Since the beginning of the pandemic, we have heard of protocols, distance, masks, lock-down, but not a single word has been spent regarding how will we be able to manage the new cardiovascular pandemic in the next few months, when everything will be open again and patients will not refuse to come to our emergency rooms and office visits. Moreover, since a number of complications related to Covid-19 has been attributed to an immunological-mediated vasculitis, we can expect an increase in vasculitis-related cardiovascular disease.²

All this stuff should be put into the context of the rescheduling of hundreds of office visits, examinations, and nonurgent, elective cases of percutaneous coronary interventions and trans-catheter aortic valve implantation, which have all been canceled in the last 2 months.

It is likely that we will encounter a reduction in acute Covid- and ICU-cases in the next few weeks. However, since the median stay of

a Covid-19 patient in Lombardy is 23 days if he had a transit through the ICU, and 14 days if not,³⁻⁵ it is expected that in the next 2-3 months all hospitals in the region will have dedicated resources and wards for this disease. Which means that other areas, including Cardiovascular Departments, will go on suffering of this shift in resources, despite the restart of normal routine and expected increase in heart failure patients.

On this alarming background, as Cardiologists we should start talking to our administratives and develop specific protocols to face the upcoming Cardiovascular Pandemic. For Covid-19 we were unprepared, for the next one we have no justification.

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