Abstract Title: Challenges in Early Diagnosing and management of Post Covid 19 coronary artery diseases (CADs)

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Introduction.

Coronary artery disease (CAD) is the first cause of death in adults in Mexico and in the world.
In Mexico and around the world after 60 years, one in 3 women and one in 4 men suffer a heart attack

Before the pandemic, cardiovascular diseases and diabetes were the leading cause of death in the adult population. Currently the first cause of death is still cardiovascular diseases, the second cause of death is from Covid-19 and its complications and the third cause of death is diabetes mellitus

Several countries have reported, like Mexico, that due to the COVID-19 pandemic, there has been a substantial drop in the number of patients who go to the emergency department (ER) with acute coronary syndromes such as: ST-Elevation Myocardial Infarction (STEMI).), Non-ST Elevation Myocardial Infarction (STEMI), Stable Angina (SA), Unstable Angina (UA).

Patients with risk factors such as age, chronic diseases (such as diabetes and hypertension), kidney failure, obesity, among others, are highly affected by cardiovascular complications due to Covid-19.

We are observing this wave of patients arriving for the post-Covid consultation. That they already have antibodies and that they already have vaccines but that they have certain complications and sequelae at the cardiovascular level. Many patients with restrictive patterns, diastolic dysfunction, arrhythmias, heart failure, coronary syndromes, thromboembolic events, and others, to name a few.

Material y Methods.

In this case. SPECT Myocardial Perfusion with 99mTc. Tetrofosmin showed no changes in the electrocardiogram, and the perfusion images showed moderated hypo perfusion in the moderate anterior, septal and inferior walls The ejection fraction was ≥ 65 % without mobility alterations

Cardiac catheterization showed: MTI: bifurcated, LDA: with diffuse atherosclerotic disease and obstruction between 50 % and 90. CXA: is dominant with atherosclerotic obstructive lesions of 75% in proximal, medial and distal segments. RCA: showed several significate atherosclerotic lesions. That means, the angiographic showed significant multiverse diffuse coronary stenosis.

Conclusion

The under recognition and underdiagnoses of coronary artery diseases patients suffering coronary artery disease become a high rates of mortality. At the ER the patient with symptoms of coronary syndromes must be differentiated from coronary artery disease.

It is very important to evaluate the risk factors (diabetes mellitus, high blood pressure, obesity, lifestyle, sedentary, smoking, obesity, hypercholesterolemia) and patient symptoms

A SPECT-gated myocardial perfusion pharmacological test was done. This studies are used as a non-invasive functional technique for diagnosing coronary artery diseases. And they have enormous predictive value for ischemic events. Identify patients with high risk of Coronary Artery Disease. Influencing the selection for invasive procedures or medical treatment, in order to establish a timely and early the optimal treatment for the patient and improve their quality of life and survival



Medical doctor with over fifteen years of experience in Nuclear Medicine and Nuclear Cardiology. Some experience in family medical. A specialty in Nuclear Medicine, a Master degree in Clinical Research. Additional studies and courseworks in several medical topics: in Radiological Protection, Medical Scintigraphy, Cardiologycal Imaging and Cardiologycal PET. Cardiovascular Computerized Angiotomography, Lately a Master degree in Clinical Research. A training in Cardiologycal emergency, Internal Medicine, Medical Administrative skills, Training in online teaching, Postgraduate training in Nuclear Cardiology. Multiple participations in international meetings and congresses as a speaker, winner of several awards in some of these presentations

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