

SARS-CoV-2 cardiac involvement low in collegiate athletes

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(HealthDay)—For U.S. collegiate athletes, severe acute respiratory

syndrome coronavirus 2 (SARS-CoV-2) infection is associated with a low prevalence of cardiac involvement, according to a study published online April 17 in *Circulation*.

Nathaniel Moulson, M.D., from Massachusetts General Hospital in Boston, and colleagues conducted a prospective, multicenter, observational cohort study to examine the prevalence, clinical characteristics, and outcomes of SARS-CoV-2 cardiac involvement among U.S. [collegiate athletes](#) from Sept. 1 to Dec. 31, 2020.

The researchers found that 3,018 of the 19,378 athletes tested positive for SARS-CoV-2 and underwent cardiac evaluation. Overall, 2,820 athletes underwent at least one element of cardiac triad testing (12-lead electrocardiography [ECG], troponin, and/or transthoracic echocardiography [TTE]); if clinically indicated, this testing was followed by [cardiac magnetic resonance](#) (CMR). Primary screening CMR was conducted in 198 athletes. Abnormal findings indicative of SARS-CoV-2 cardiac involvement were identified by ECG, cardiac troponin, and TTE in 0.7, 0.9, and 0.9 percent, respectively. In 21 athletes (0.7 percent), definite, probable, or possible SARS-CoV-2 involvement was identified; of these athletes, 0.5 percent underwent clinically indicated CMR and 3.0 percent underwent primary screening CMR (15 and six, respectively). Compared with a primary screening CMR, the diagnostic yield of CMR for SARS-CoV-2 involvement was 4.2 times higher for a clinically indicated CMR (12.6 versus 3.0 percent).

"Most athletes with no symptoms or mild illness from SARS-CoV-2 can return to sports safely without additional cardiac testing as long as they feel good on return to exercise and don't have cardiopulmonary symptoms like [chest pain](#)," a coauthor said in a statement.

One author disclosed financial ties to the [pharmaceutical industry](#).

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