A 35 yrs old physician developed COVID-19 pneumonia in August 2020 and admitted in a tertiary care hospital in Dhaka city of Bangladesh with severe illness. She recovered from hypoxia and severe pneumonia in next two weeks. After recovery, she developed new onset diabetes mellitus controlled on 60 units of insulin, newly developed HTN on 2 anti HTN drugs and recurrent paroxysmal palpitation and occasional low oxygen saturation on exertion. An ECG and 2- D echocardiography was unremarkable. Her lung function test was restrictive in nature.
A cardiac MRI was observed and findings were oedema imaging T2 STIR has evidence of hyperintense signal and there is also LGE in PSIR. Both these points completed the lake louise criteria\textsuperscript{1,2} of myopericarditis observed in COVID-19 infection. Evidence from Germany\textsuperscript{3} and other Europe countries\textsuperscript{4} suggested MRI of Heart to be done in suspected cases of COVID-19.

References:


