Reports in the literature show cardiac manifestations of COVID-19 including bradyarrhythmia. This association has only been observed in hospitalized patients with moderate to severe infection and those on treatment with Remdesivir or Tocilizumab.

33yo, unvaccinated for COVID-19. No past medical history or medications. Intermittent dizziness and light headiness for 1 day. Positive for COVID-19 four days earlier.

ROS and Physical Exam:
- No abnormal findings except for heart rate of ~ 59 BPM.
- HR did not respond to seated bicycle kicks/activity.
- EKG: sinus bradycardia, HR 50.

EKG FINDINGS

DISCUSSION
The specific mechanisms for the development of bradyarrhythmia in COVID-19 patients remain unclear. Our observations and other published reports suggest that bradyarrhythmia may be a clinical feature of COVID-19 and may imply cardiac involvement of the virus. Rhythm and cardiac biomarker monitoring should be considered.

Telemetry showed 44 BPM, EKG: sinus bradycardia, 42 BPM.
SpO2 was 98%, troponin-I levels were normal.
CTA obtained but unremarkable.
Nurse reported heart rate of 32 BPM, another EKG: sinus bradycardia, 36 BPM.
Echocardiogram showed preserved EF with normal heart structure. Patient continued to have transient episodes of asymptomatic bradycardia and was discharged without any need for further acute interventions.

REFERENCES

CONCLUSION
The largest question to answer with future research is if rhythm changes, such as bradycardia, should be considered in Sars-Cov-2 risk stratification.
In addition, if arrhythmias are present do that indicate a potential reason to initiate therapies such as steroids, remdesivir, and MAB's independent of patient hypoxia or underlying risk.