# 28th ECSS Anniversary Congress, Paris/France, 4-7 July 2023

Screening young athletes – can we ignore that a negative standalone History & Physical Examination could skip high risk cardiac conditions?

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Pre-Participation (PPE) cardiovascular (CV) screening in young athletes is the cornerstone of any evaluation for detecting high-risk CV (hrCV) conditions responsible for sudden cardiac death (SCD) linked with exercise.(2,5) Sometimes, the PPE-CV protocols rely on the standalone History&Physical (H&P), such as the 14-Element AHA Recommendation.(4) Less apparent hrCV conditions may not be readily evident by standalone H&P (1); the association with resting electrocardiography (ECG) and echocardiography (ECHO) is mandatory for the correct diagnosis.

Retrospective study of PPE-CV athletes:To compare the standalone H&P (14-Element) with ECG and ECHO results, recorded for each athlete, according to the protocol. To evaluate the incidence of false positive (positive: >/equal 1 of the 14-Elements) (4) and false negative H&P vs ECG/ECHO data.

## **METHODS:**

Retrospective 6-year (2016-2021) study of 385 highly trained athletes (ath)-football. Study Group:211 ath (100% males;17-37 yo); 178 (84.4%) caucasians, 33 (15.6%) afroamericans. All underwent PPE before competitions. Standard PPE included H&P, ECG (3) and ECHO (5).

#### **RESULTS:**

Height 174+/-2 cm; Weight 78+/-1 kg; BSA 1.94 m2;BP 125+/-5 mmHg.

211 ath: 191 (90.52%),normal H&P and ECG; 4(1.89%) positive H&P; 16(7.6%) normal H&P and borderline ECG (in time,1 Brugada type I, 3 WPW). ECHO:200(94.7%) normal with normal H&P and 11 (5.3%) abnormal with 4 positive H&P: 2 hypertrophic cardiomyopathy, 2 right ventricular dilation, 1 abnormal origin of coronary artery, 1 dilated cardiomyopathy, 3 stenotic bicuspid aortic valve, 2 mitral prolapse. Coronarography, cardiac MRI indicated accordingly.

### CONCLUSION:

In most cases, standalone H&P correlated with ECG and ECHO, but failed to identify hrCV entities responsable for SCD in 11(5.31%; 1 Brugada, 3 WPW, 7 abnormal ECHO). No false positive H&P. Asymptomatic rare cardiac conditions are sometimes overlooked by standalone H&P.

Conclusions. PPE-CV screening for identifying hrCV conditions shall include ECG/ECHO.

- 1.EA Williams et al Performance of the American Heart Association (AHA) 14-Point Evaluation Versus Electrocardiography for the Cardiovascular Screening of High School Athletes JAMA 2019;8:e012235
- 2.K Zeppenfeld et al 2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death Eur Heart J 2022,43,3997-4126
- 3.Drezner JA et al International criteria for electrocardiographic interpretation in athletes: consensus statement Br J Sports Med 2017;51:704-731
- 4.BJ Maron et al Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Task Force 2 PPE Screening for Cardiovascular Disease in Competitive Athletes Circulation 2015, December 1:Vol 132, Issue 22
- 5.Pelliccia A et al Position statement: recommandations for the indication and interpretation of cardiovascular imaging in the evaluation of the athlete's heart Eur Heart J 2018, 1 June Vol 39, Issue 21

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