Government of Western Australia
North Metropolitan Health Service
Sir Charles Gairdner Osborne Park Health Care Group

Department of Cardiology
Tel. No. 08 6457 4303
Clinic Date: 4/5/2022

Dr Gary G. Sturdy
Woodvale Park Medical Centre
Unit 2, 3 Trappers Drive
WOODVALE WA 6026

23 MAY 2022

Dear Dr Sturdy

UMRN: D5514292
Patient Name: Adam SIWEK **DOB: 21/9/1984**

Past Medical History:

1. Vaccine-induced myocarditis.
   1.1. Cardiac MRI (December 2021) - subepicardial LGE involving septal walls suggestive of myocarditis. No significant functional impairment.
   1.2. Transthoracic echocardiogram - normal LV size with infra-apical akinesis and lateral apical hypokinesis with preserved ejection fraction.
   1.3. Coronary angiogram - normal coronary anatomy, thready distal terminal OM (?SCAD), catheter tip spasm in RCA.
   1.4. Peak troponin 1100, normalised one week later.
2. Hyperlipidaemia.
   2.1. Fasting lipid 7.2, LDL 4.2.

Medication:
Naproxen prn.

Plan:

1. Repeat transthoracic echocardiogram.
2. Blood tests for inflammatory markers and troponin.
3. Review in clinic in four to six weeks with the results.

I caught up with Adam over the phone today. Unfortunately he has not improved a lot.

He continues to get pain on exertion that is left-sided. He describes this as a sharp pain that is pleuritic, however it is not as bad as it was during admission. Now even walking 100-200 metres can lead to worsening of symptoms. He completed a three month course of colchicine and currently only takes naproxen as needed. I note that a week after his initial presentation, his troponin had normalised. He does not have any presyncopal symptoms and has never had syncope. He is currently working as an Electrician, does not smoke, and consumes alcohol and binges over the weekend. He tells me he had a repeat echocardiogram at Western Cardiology in September that was normal.

He spent some time discussing the role of vaccinations in this and I believe he has seen the immunologist who have given him further exemptions for COVID boosters.

I discussed his case with Dr Brendan McQuillan. One thought was to consider repeating the MRI to look for resolution of previous changes, however the thought is it is likely to stay abnormal for a period of time. We will instead repeat an echocardiogram to see whether there is any evidence that he has ongoing pericarditis. We will specifically check for pericardial effusion and any features of constriction. On the day he comes for his echo I will also organise for some blood tests to be done looking at his inflammatory markers and troponin. Should both of these be normal, I cannot find a role for commencing him on immunosuppressive therapy as we will not be able to judge the success of this based on any objective parameters. I would not want to keep him on long term or even medium term prednisolone unless absolutely required. We will correspond with you at follow-up. He does want us to sign some forms relating to vaccine compensation

therefore I will see him face-to-face at the next clinic appointment.

Yours sincerely

Electronically approved by

Dr Dhanvee Kandadai
Advanced Training Registrar