Objective. To determine the dynamics of echocardiographic changes in patients who experienced COVID-19 at 6 and 12 months after hospital discharge.
Materials and methods. The study included 85 patients (40 men and 45 women, mean age 50.1 Ґ} 8.7 years) who received inpatient treatment in 2020–2021 for COVID-19 of moderate (n = 49; 58 %) or severe (n = 36; 42 %) course.
All patients underwent: general clinical examination with collection of complaints and medical history, physical examination, standard electrocardiography and transthoracic echocardiography.
Results. The dynamics of echocardiographic parameters in the examined patients was not with clinical manifestations after 6 and 12 months. The important findings during 12-month follow-up were the increased frequency of hydropericardium (relative risk (RR) 3.727 at 95 % confidence interval (CI) 2.058–6.749), types 2 and 3 of right ventricular diastolic dysfunction (RR — 9.5 at 95 % CI — 4.33–20.842), significant increases of maximal and mean aortic valve pressure gradients, and mean mitral valve pressure gradient.
Conclusion. It is reasonable to monitor patients with persisting cardiovascular symptoms to prevent severe and long-term complications using transthoracic echocardiography after COVID-19.