

Postcovid-19 War Era, (re-) Consideration of Enhanced Mortality and Morbidity Rate of Cardiovascular Affected Patients

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Introduction

Accelerated mortality phenomena (post-)covid-19 contamination is a process that could play a pivotal role in the next decades, as well [1,2]. According to a study, people who had COVID-19 faced substantially increased risks for 20 different cardiovascular conditions, including potentially catastrophic problems such as heart attacks and strokes, in the year after infection with the COVID-19 variants [3,4]. These complications can happen even in people who seem to have entirely recovered from a mild infection. Some smaller studies have represented these findings, but others find lower rates of complications, however [3,4]. With more than 700 million people having been infected with different Covid-19 variants (and counting), clinicians are wondering whether the pandemic will be followed by a cardiovascular aftershock and associated collateral damages [1-4]. In the meantime, researchers are trying to understand who is most at risk of these kinds of heart-related problems, how long the risk persists, and what causes these symptoms [2-4].

The COVID-19 variants' effect on chronic heart patients could be related to the key protein that the virus uses to enter cells. It binds to a protein called ACE2, which can be found on the surfaces of dozens of types of human cells (types) [3].

Different studies based on the COVID-19 contaminated cases found that people who had been infected had a 167% higher risk of developing a blood clot (due to platelets hyperactivities), in the two weeks after infection than people who had influenza [2]. Robert Harrington, a cardiologist at Stanford University in California, assumed that even after the initial infection, plaques can accumulate where the immune response has damaged the lining of blood vessels, causing the vessels to narrow [2]. Any changes in the cardiovascular vessel walls could become the main cause of heart attacks and/or stroke. Damage to blood vessels can compound attacks on the immune system [2-5], affecting lymphatic system and CI esterase, creatinine kinase release, LDH release promoting angioedema, thrombosis, thromboembolism, atherosclerosis, hypothetically.

The COVID-19 pandemic era might be over but One is observing an increase in mortality and morbidity rate among different patients with chronic disease, in the last 3 years, although exact data is not available yet. During and

postcovid-19 era, an increased usage of (un-) validated vaccines, drugs, and biosimilar, made most research studies uncomprehensive and complex to focus on only one aspect of CAD. It is too early to (re-)consider certain diets appropriately for cardiovascular diseases (CAD), in this postcovid-19 era.

Different routine hematologic and cardiologic checkups are showing noteworthy (un-)defined deviation and unexplained changes in patients' processed laboratory results, qualitatively and quantitatively. Simultaneously, there are no golden standard algorithms for some CAD symptoms and indications, in the postcovid-19 era. Simply because of the counteraction of COVID-19 variants and their chronic (side)effects on heart (tissue) are still unknown [1,2,5]. As previously shown might smoking aggravates CAD but bariatric surgeries might save obese diabetic patients from CAD attacks, and associated collateral damages, according to the American Society for Metabolic and Bariatric Surgery (ASMBS) 2023. How and why stomach operations prevent CAD in obese diabetic patients is also during and postcovid-19 era are not elucidated completely.

Hypothetically, lowering body mass might help to prevent heart attacks but cannot prevent infectious-associated- COVID-19 variants to do not damage for instance the ACE receptors and/or vessel walls, eventually.

According to different study, up to 1.3% of all individuals with COVID-19 have had a heart attack after the infection [2,5]. Another study published in Nature Medicine showed that those with COVID-19 were at an increased risk of cardiovascular diseases [2]. One of the factors that may underlie the link involves the inflammation that COVID-19 variants might cause, however (Medicalnewstoday.com). Some studies suggest that the risk of cardiovascular problems, such as a heart attack or stroke, remains high even many months after an infection clears up, postcovid-19 era [2].

In the last Century, increasing awareness about the role of microorganisms i.e. viruses and bacteria caused Medici to try to prevent potential combined infectious diseases.

Simultaneously, paralleled with cardiovascular' Medicare and Medicaid in a diet- and sport dependent manner affected patients' health and recovery, regularly. Though, in the last 3 years and post-covid-19 pandemic periods,

suddenly data are showing mortality and morbidity rates of chronic patients increased, worldwide [1-5]. Moreover, because of a lack of consistent data (2023), and limited knowledge of COVID-19 superbugs mutations and intervention studies, observing an enhanced mortality and morbidity rate, without having a plausible mechanism is disturbing known news.

Now, what is unknown about potential mechanisms, and complex interactions between the main death causes i.e. infectious diseases, neurological and cardiovascular deficiencies, and a significant rise of new certain variants i.e. COVID-19 variants with and/or without bacterial association.

Remarkably, according to WHO data (WHO.int) chronic Diabetic patients that were contaminated with COVID-19 variants showed increased morbidity and mortality rate. Though there is no available data on CAD- or diabetic patients with a history of infectious disease in 2023. Almost all WHO, CDC, and associated organizations have no reliable data on the abovementioned patients from 2023, remarkably.

More future investigation needed to unravel what was the mechanism of action of COVID-19 variants on CAD and associated processes i.e. stress related, side effects of surgeries, drugs abuse, anticoagulants, and anti-platelets overuse i.e. Aspirin, paracetamol, warfarin, etc.

Obviously, AI-related online services could not be operational when no country timely registers appropriately their mortality and morbidity rates.

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