

Dr Ahmed Khan Consultant Interventional Cardiologist

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Thu, 22 Jun 2023

Dr Svitlana SABUROVA

Conder Surgery

3/3 Sidney Nolan Street

Conder ACT 2906

Dear Svitlana

**RE: MR ROMEN SAVESK - DOB: 06/01/87
UNIT 6/114 BARR SMITH AVENUE BONYTHON ACT 2905**

Thank you for asking me to see Mr Roman Savesk. He is a delightful 36-year-old gentleman, lifelong non-smoker, works in a department of health in aged care, he came in today for assessment and management of ongoing atypical chest pain and palpitations since his COVID-19 vaccination back in September 2021. He had the first dose of Pfizer vaccination on 18th of September 2021, which was complicated by disabling atypical chest pain, palpitation, shortness of breath and disabling generalised fatigue and tiredness, insomnia, skin rash and affected his memory. Ongoing atypical chest pain and palpitation. His main issue is disabling fatigue and tiredness. Background history of chronic fatigue syndrome at the age of 17, recovered completely after seven years.

He was seen by Dr Chris Allada in August. He had an echocardiogram, which showed normal LV size and systolic function, no evidence of myocarditis within the limits of echo. He has mildly abnormal left atrial volume. No significant valvular pathology. No evidence of pericardial effusion or pleural effusion. No echo evidence of pericarditis.

Background medical history and risk factors: Chronic fatigue syndrome at the age of 17. Non-smoker. No alcohol. No history of recreational drugs. Chronic sinusitis. COVID-19 Pfizer vaccination two doses (first dose 18th of September 2021 and second dose was on 9th of October 2021).

Current medication: Cannimed oil - some improvement in his chest pain and other symptoms.

On examination today, he looked well, his lying blood pressure was 124/79 mmHg and standing blood pressure was 128/89 mmHg. His heart rate was 73 bpm, in sinus rhythm. His weight today was 62 kg with BMI of 22.8. Resting ECG showed incomplete right bundle branch block. Sinus rhythm. His QTc was 410 ms. His PR was 146 ms. Examination was unremarkable. There was no evidence of pleural or pericardial rub. Normal cardiovascular examination.

Conclusion: Ongoing atypical chest pain and palpitations since first dose of COVID-19 infection - severe reaction to COVID-19 vaccination.

Recommendation: Cardiac MRI to rule out myocarditis/myopericarditis. Further treatment depends on the cardiac MRI.

Thank you for continuing care and please feel free to contact me if you have any further questions.

Kind regards

Dr Ahmed Khan

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