

**Supplementary Table 1.** The literature on the presented case

Author/date	Age	Sex	Country	Chief symptom	ECG	Troponin	NT-proBNP	ECHO/MRI	CXR/CCT	Treatment	Outcome
Zeng et al. <sup>6</sup> (April 2020)	63	M	China	Fever SOB CP Sputum	Sinus tachycardia	cTnI 11.37 g/L	22,600 pg/mL	ECHO: Enlarged left ventricle diffuse cardiac dyskinesia LVEF: 32% pulmonary hypertension (44 mmHg)	Ground-glass changes on CXR and CT	Lopinavir-ritonavir interfer- on α-1b methylprednisolone immunoglobulin piperacillin-tazobactam	Died on the 33rd day
Inciardi et al. <sup>7</sup> (March 2020)	53	F	Italy	Fatigue	Minimal diffuse ST-seg- ment elevation and ST- segment depression with T-wave inversion in lead V1 and aVR	TnT of 0.24 ng/mL	5,647 pg/mL	ECHO: Regional wall motion abnormalities diffuse hypokinesia LVEF: 40% cMRI: Increased wall thickness with diffuse biventricular hypokinesia	CXR was unremarkable	Dobutamine Kanrenone Furosemide Bisoprolol Aspirin Hydroxychloroquine Lopinavir/ ritonavir Methylprednisolone	NA
Kim et al. <sup>8</sup> (April 2020)	21	F	Korea	Fever Cough Sputum Diarrhea	Intraventricular conduc- tion delay and multiple premature ventricular complexes	cTnI of 1.26 ng/mL	1,929 pg/mL	ECHO: severe LV systolic dysfunc- tion cMRI: diffuse high signal intensity in the LV myocardium on T2 short tau inversion recovery image myocardial wall thickening	Multifocal consolidation on both lung fields and cardio- megaly on CXR Multifocal consolidation and ground-glass opacification in both lungs in the lower lobe on the CT	NA	NA
Doyen et al. <sup>9</sup> (April 2020)	69	M	Italy	Cough Fever SOB Diarrhea Vomiting	Diffuse inverted T waves	cTnI of 9,002 ng/L	NA	ECHO: mild LVH; the left ventricular ejection fraction and wall motion were within normal limits cMRI: subpericardial late gadolinium enhancement of the apex and inferolateral wall	Bilateral ground-glass opaci- ties and consolidations on CT	Hydrocortisone	Discharged from ICU after 3 weeks
Irabien-Ortiz et al. <sup>10</sup> (April 2020)	59	F	Spain	Fever CP	Concave ST-segment elevation and PR-seg- ment depression Low voltage	TnT of 220- 4,421 ng/dL	1,100 ng/L	Initial ECHO: moderate concentric hypertrophy, diminished intraven- tricular volumes with preserved left ventricular ejection fraction without segmental abnormalities, and moderate pericardial effusion Follow up ECHO: severe biventricular failure and diffuse myocardial edema	NA	Immunoglobulins Methylprednisolone ritonavir/lopinavir interferon-B	NA
Sala et al. <sup>11</sup> (April 2020)	43	F	Italy	CP SOB	Low atrial ectopic rhythm, Mild ST-seg- ment elevation in leads V1-V2 and aVR, recip- rocal ST depression in V4-V6, and QTc 452 ms with diffuse U-waves	TnT curve was of 135-107- 106 ng/L	512 pg/mL	ECHO: left ventricular systolic dysfunction (LVEF 43%) with inferolateral wall hypokinesia	Subtle bilateral opacities on CXR bilateral patchy ground-glass opacities on CT cMRI: mild hypokinesia at basal and mid left ventricu- lar segments	Lopinavir/ritonavir Hydroxychloroquine	The patient was discharged with no symp- toms on day 13.

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Supplementary Table 1. Continued

Author/date	Age	Sex	Country	Chief symptom	ECG	Troponin	NT-proBNP	ECHO/MRI	CXR/CCT	Treatment	Outcome
Hu et al. <sup>15</sup> (March 2020)	37	M	China	CP SOB Diarrhea	ST elevation on III, AVF	TnT of > 10,000 ng/L	21,025 ng/L	ECHO: Enlarged heart and a marked decrease in ventricular systolic function (LVEF: 27%) pericardial effusion	Cardiothoracic ratio 0.70 on CXR Pulmonary infection, enlarged heart, and pleural effusion on CT	Methylprednisolone Immunoglobulin Norepinephrine Toraceamide Furosemide Milrinone Piperacillin sulbactam Pantoprazole	Ventricular function was normalized in a week
Paul et al. <sup>12</sup> (April 2020)	35	M	France	CP Fatigue	Repolarization changes in the precordial leads	cTnl of 2,885 ng/L	NA	ECHO: normal systolic function with no pericardial effusion. cMRI: subepicardial enhancement predominating in the inferior and lateral walls	CCT scan was normal	Ramipril Bisoprolol	Status of patient improved in 3 weeks
Coyle et al. <sup>13</sup> (April 2020)	57	M	USA	SOB Fever Decreased appetite Nausea Diarrhea	Sinus tachycardia without ST/T wave changes	cTnl of 7.33 ng/mL on 3rd day	859 pg/mL on 3rd day	ECHO: Moderate diffuse hypokinesis with relative apical sparing and a left ventricular ejection fraction of 35%–40% on 3rd day	Progressive bilateral patchy interstitial opacities on CXR and CT	Hydroxychloroquine Azithromycin Ceftriaxone Methylprednisolone Colchicine Milrinone Tocilizumab Aldose reductase inhibitor	Discharged on day 19
Cizgici et al. <sup>14</sup> (April 2020)	78	NA	Turkey	CP SOB	Concave ST elevation except for aVR lead	TnT of 998.1 (0–14) ng/L	NA	NA	Ground glass opacification with consolidation and mild pericardial effusion on CT	Furosemide beta-blocker angiotensin converting enzyme inhibitor	NA

ECG, electrocardiography; NT-proBNP, N-terminal pro-B-type natriuretic peptide; ECHO, echocardiogram; MRI, magnetic resonance imaging; CXR, chest X-ray; CCT, chest computerized tomography; CT, computerized tomography; SOB, shortness of breath; CP, chest pain; TnI, troponin I; TnT, troponin T; LV, left ventricle; LVEF, left ventricle ejection fraction; NA, non-applicable.