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Cardiac problem and MERS

To the Editor,

The Middle East respiratory syndrome (MERS) is an important emerging infection in the present day. Since its first origin in Saudi Arabia in 2012, this disease has already spread to several countries worldwide. The outbreak in Asia in 2015 is a present concern (1, 2). The big epidemic in Korea is a big challenge. In addition, other Asian countries including China and Thailand also have the problem of MERS. In this severe respiratory problem, a high mortality is reported. In cardiology, the effect of MERS is an interesting topic. First, there is no doubt that cardiac patients can get the infection and that this might lead to a difficulty in diagnosis. In a report from Saudi Arabia, 28% of MERS cases have underlying cardiac disease (3). The latest case in Thailand is an Omani patient with underlying heart disease and visited a private

hospital in Thailand to seek a cardiologist. Of interest, this case was delayed diagnosed to have MERS. Second, patients with underlying heart disease can be more severe than general cases without underlying diseases (2). There is no doubt that special medical concern should be given to patients with underlying disease. Finally, the important question is whether MERS virus can cause direct cardiac pathology or not. A recent animal model study clearly stated that viral RNA could be seen in cardiac tissue, implying direct cardiac pathology (4).

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