

Supplementary material

Chyży T, Malecka B, Bednarek J, et al. Wearable cardioverter-defibrillator vest as a diagnostic and therapeutic tool after COVID-19. Kardiol Pol. 2023.

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Video S1. Cardiac magnetic resonance cine SSFP (steady-state free precession): 3 chamber view (left ventricle ejection fraction: LVEF 67%).

Text S2. Upon reviewing the WCD memory, we confirmed that the patient terminated shock attempts during all instances of ventricular tachycardia, and as a result, there were no shocks delivered.

Text S3. Using the pace-mapping technique, we ablated a potential substrate for arrhythmia on the right ventricular anterior wall, between high right ventricular outflow tract (RVOT) and the apex. During the electrophysiology study (EPS), we found no inducible ventricular arrhythmia.

Text S4. In young women, the most common type of arrhythmia is right ventricular outflow tract tachycardia (RVOT), as in this case. However, in cases with an infectious etiology, it can be challenging to identify the substrate, which may have contributed to the lack of success of the ablation procedure. In this specific case, the malignant ventricular arrhythmia was assumed to be caused by myocarditis following a COVID-19 infection.