

# MORTALITY IN COVID19 PATIENTS UNDERWENT TO CRRT

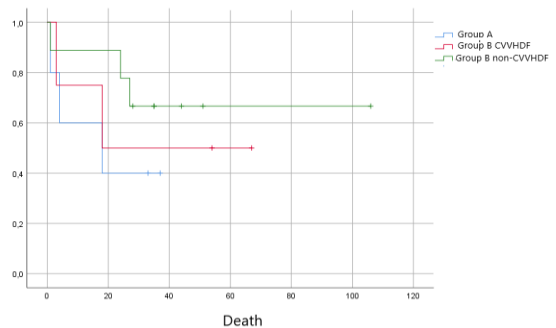
Dott. Vincenzo Calabrese, Dott.ssa Roberta Maria Messina\* Dott.ssa Fortunata Zirino, Dott.ssa Elisa Longhitano, Prof. Domenico Santoro

**Background:** Covid-19 is most popular infection of this year. Its pathogenesis is due to Sars-Cov-2, a virus of *Orthocoronavirinae*'s subfamily. First known symptoms was an interstitial pulmonary disease but other organs may be affected as kidney with Acute Kidney Injury (AKI). We decided to valuate patients admitted to ward of intensive care of University Hospital "G. Martino" of Messina.

**Methods and Patients:** we included in our study all patients admitted to ward of intensive care of University Hospital "G. Martino" of Messina with positive Covid19 test. We used **Chi-Square test** for dicotomic variables and **T-student test or Mann-Whitney** test for continue variables. We used **Kaplan-Meier test with Fisher Test** to evaluate patient's survival. Then, we studied in Group B the differences in outcomes between CVVHD treatment and non-dialytic treatment. **Results:** Tab 1 summarized basal feature of whole sample. 12 patients have had an episode of AKI. We split our sample in two groups: Group A (6 patients without episodes of AKI) and Group B (12 patients with at least 1 episode of AKI). There are not differences between Group A and Group B in these features. All patients needed CRRT were treated with CVVHDF mode. CVVHDF patients have not a shorter hospital stay compared to non-dialytic treatment. There are not differences of mortality neither between Group A and Group B neither between Group with CVVHDF treatment and non-CVVHDF treatment, with a tendency to best survival to AKI patients compared to non-AKI patients (Fig1).

Age	66,72	±14,14
GFR	65,89	±39,46
Hb	11,48	±2,72
WBC	11341	±5345
Htc	33,7	±9,35
PLT	202875	±95934
Blood urea	89,25	±63,76
LDH	1113	±672
CPK	774	±1140
Na	137,7	±10,01
K	4,33	±0,6
Ca	7,82	±0,78
Myoglobin	429	[1379,50-91,50]
PCR	17,7	12,91
IL6	84,6	[185-52]
D-Dimer	2.69	[1,51-4]

Tab1.



**Conclusion:** Despite the worst clinical condition, mortality in patients underwent to CRRT is not worst then other patients.

38<sup>th</sup> Vicenza Course on AKI&CRRT  
a week of virtual meetings

2-6 November 2020