## Hemoperfusion EXPERIENCE IN SARS-COV-2 PATIENTS

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Objective: Demostrate that Hemoperfusion (HP) is effective to relieve the covid-19 Hyperinflammatory syndrome (cHIS). To assess the role of convective and adsorptive therapies as organ support in COVID-19 patients. Compare the effectiveness of continuous (CHP) vs intermittent (IHP).

Method: Cohort prospective study in 24n COVID-19 critical ill patients. IHP (JAFRON HA 330 cartridge) 2-1-1 scheme was used and CHP scheme consisted of 48h treatment (CYTOSORB cartridge), 24h each one. The outcomes were IL-6, ferritin, LDH, D-Dimmer, lymphocyte seric levels pre and post intervention and finally mortality. T-student test was developed for median difference. Therefore length of ICU stay, ventilation mechanical and vasoactive drugs dependence were analyzed. In AKI patients who start continuous renal replacement therapy (CRRT), the dialytic modality and prescribed dose was continuous venovenous hemodiafiltration (CVVHDF) 35 ml / kg / h with HP on series.

Results: Age mean 65y, MCI 30,21 (SD 4,5) CALL score 9,96 (SD 2,25), SOFA mean 11,7 (SD 1,8), Mellitus Diabetes 25%, Cardiovascular disease 41,7%, Chronic Respiratory Diseases 4%, Neoplasy 4%. Comparing IHP group vs CHP the IL-6 mean decrease 60% vs 29% (p=0,003), Ferritin decrease 33% vs 29%; LDH 32% vs 2%. All patients met criteria for cHIS, The total mortality was 42,8% (IHP 38%) (CHP 50%)

Conclusion: Based on SARS-CoV-2 pathophysiology, a rationale emerges for HP in order to remove inflammatory mediators; The HP efficacy to combat cytokine storm is better evidenced with intermittent HP than continuous HP. The mortality is understandably high in critically ill with severe mortality scores. However the results are patients encouraging and apparently show more efficiency in Intermittent HP technique.

Variable (median) 24n	PRE TREATME NT	POST TREATMENT	Discharge	VA (ug/ml/min) máx / dependence days	0,6 / 9,5
Lymphocytes	1132	1247	1788	ICU stay days	19,5
Ferritin (ng/ml)	1624	1106	904	MV days	15.8
D-Dimer (ng/ml)	2216	2172	1571	IVI V UAYS	15,6
IL-6 (pg/ml)	1532	856	671	Total Mortality	42%
	525	425	310	IHP Mortality	38%
PEEP	2	9	1	CHP Mortality	50%
1400 1200					
800					
600					
400 — — — — — — — — — — — — — — — — — —					
200					
U	ΗP	C	HP	Vicenza Course	on AKI&CRR1
IL6 PRI	E 📕 IL6 POST 📕 FE	RRIT PRE 🗧 FERRIT P	POST	a week of virtua	meetings

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IHP Mortality	38%
CHP Mortality	50%

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a week of virtual meetings