

MODIFICATIONS OF IN-HOSPITAL AKI EPIDEMIOLOGY DURING COVID-19 PANDEMIC

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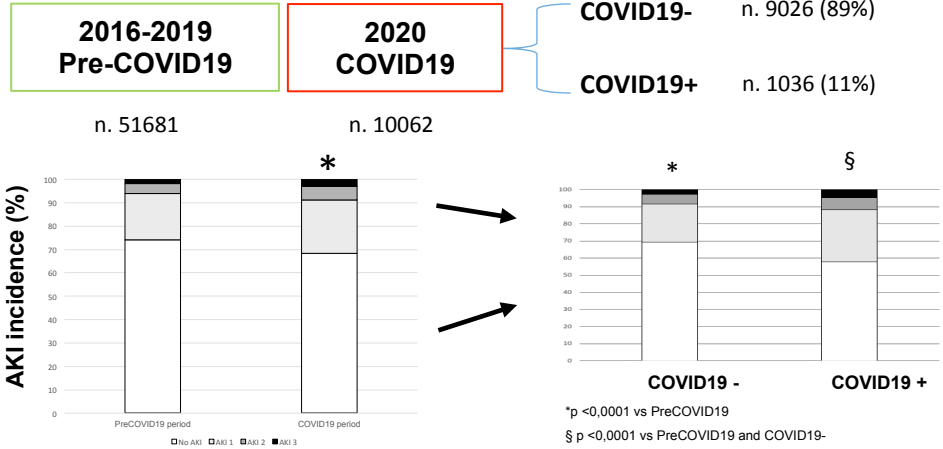
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Objectives: evaluation of the impact of COVID-19 pandemic on the epidemiology and the outcomes of in-hospital AKI both in COVID-19+ and COVID-19- patients

Methods: retrospective study in hospitalized patients (>18 ys) at Policlinico San Martino di Genoa from Jan 2016 to Dec 2020.

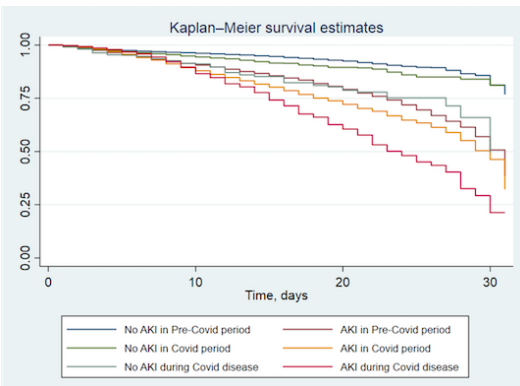
Exclusion criteria: CKD stage IV-V, hemodialysis, hospital stay >30 days.

Results:



	PRE-COVID19 2016-2019	COVID19 2020			P value		
		DURING COVID19	COVID19 -	COVID19 +	covid vs pre-covid	COVID - vs COVID +	pre-covid time vs COVID -
N	51681	10062	9026	1036			
calculated AKI, %	25.9	31.7	30.5	42.2	<0,0001	<0,0001	<0,0001
AKI stages, %	19.8-4.3-1.8	22.9-5.8-3.0	22.1-5.6-2.8	30.3-7.2-4.6	<0,0001	<0,0001	<0,0001

The admission period (Pre-COVID19 or COVID19) and confirmed COVID19+ were independently associated with the risk of AKI.



AKI was a risk factor for mortality, regardless of age, gender, comorbidity and diagnosis of COVID19, with an increase of 20% of mortality risk in the Pre-COVID19 time (HR=1.2, IC 1.11-1.29, p<0.001) and a 90% increase during COVID19 period (HR=1.9, IC 1.72-2.11, p<0.001).

Conclusions: COVID-19 has changed in-hospital AKI epidemiology. The increase of incidence and severity of AKI required the use of large human and economic resources. These results call for an adjustment of the resources dedicated to the management of AKI during health emergencies.

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