

Table-2. Mean PNI of the patients who survived was higher than patients who were exitus.

CONCLUSION: AKI in hospitalized patients with COVID-19 was associated with high mortality. Of all patients with AKI, only 18.4% survived.

	Dischargedn= 9	Deadn=40	p
Age	78.3±6.6	74.8±13.4	0.451
Gender (male/female)	5/4	23/17	1.000
PNI	32.4±7.2	25.2±6.3	0.049
WBC	10.4±5.6	16.8±10.4	0.017
Neutrophil	8.3±5.8	14.3±9.2	0.011
Lymphocyte	1.26 (0.55-1.80)	0.64 (0.40-1.33)	0.159
NLR (Neutrophil/ Lymphocyte Ratio)	5.59 (3.48-10.47)	19.7 (10.5-28)	0.025
Hemoglobin (g/dL)	10.6±1.8	10.8±2.3	0.877
Creatinine	2.15±0.96	2.19±1.53	0.597
LDH	213 (164-312)	683 (293-1379)	<0.001
AST	16 (12-34)	43 (26-87)	0.012
Troponin T	0.042 (0.024-0.078)	0.109 (0.056-0.0583)	0.050
Procalcitonin	0.195 (0.145-0.253)	0.945 (0.310-2.448)	0.070
Ferritin	240 (99-872)	690 (456-1238)	0.048
D-dimer	604 (425-1895)	4083 (1898-6376)	0.003
CRP	19.3 (14.2-35.7)	142.0 (85.6-259.3)	<0.001

	Before treatment	After treatment	p
PNI	32.1±7.2	25.2±6.3	<0.0001
WBC	12.3±8.5	16.8±10.4	0.011
Neutrophil	10.1±7.7	14.3±9.2	0.012
Lymphocyte	0.80(0.51-1.41)	0.64(0.40-1.33)	0.973
Hemoglobin (g/dL)	11.4±2.47	10.8±2.3	0.008
NLR	11.2(4.3-19.2)	19.7 (10.5-28)	0.013
CRP (mg/dL)	110.5 (35.8-147.9)	142(85.6-259.3)	0.009
Creatinin (mg/dL)	1.49±1.21	2.19±1.53	0.033
LDH	398 (282-592)	683 (293-1379)	0.011
Troponin T	0.057(0.021-0.234)	0.109 (0.056-0.583)	0.004
Procalcitonin	0.275 (0.140-2.220)	0.945 (0.310-2.448)	0.327
Ferritin	514 (239-1210)	690 (456-1238)	0.026
D-dimer	2451 (997-4955)	4083 (1898-6376)	0.045

MO392 ACUTE KIDNEY INJURY IN HOSPITALIZED PATIENTS WITH COVID-19: A SINGLE-CENTER EXPERIENCE

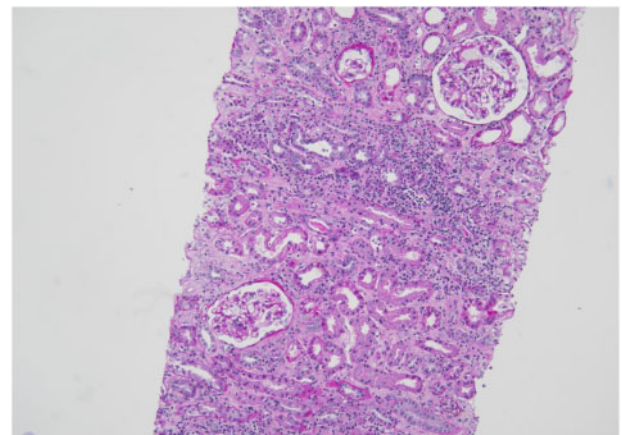
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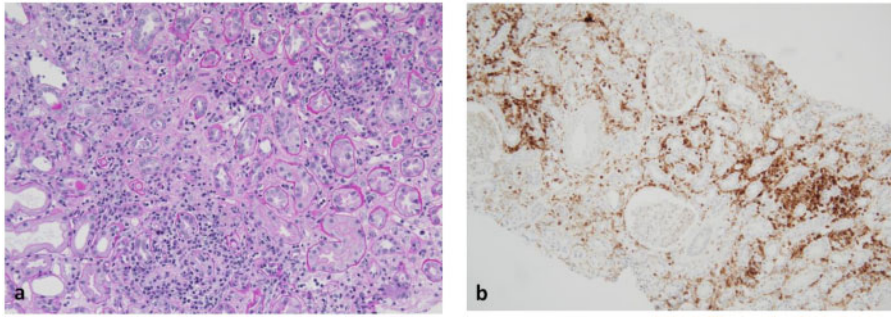
BACKGROUND AND AIMS: Preliminary reports indicate that AKI (acute kidney injury) seem to be associated with coronavirus disease 2019 (COVID-19) severity and outcomes. Although the reported incidence of AKI among hospitalized patients with COVID-19 varies widely, AKI among hospitalized patients is associated with poor prognosis. The aim of this study was to evaluate the clinical characteristics and outcomes in our COVID-19 patients who developed AKI during intensive care unit hospitalization.

METHOD: In our retrospective, observational study COVID-19 PCR positive 49 patients who were hospitalized with COVID-19 pneumoniae in intensive care unit and developed AKI were evaluated with demographics, laboratory data, treatment and outcome. The prognostic nutritional index (PNI), which is calculated using the serum albumin concentration and total lymphocytic count were also evaluated. All patients were treated with favipiravir+low molecular weight heparin; laboratory tests were recorded before and after favipiravir treatment.

RESULTS: Of 49 patients; 28 were male. A total of 9/49 (18.4%) patients survived. All patients were treated with favipiravir; laboratory tests were recorded before and after favipiravir treatment. The clinical parameters of patients are shown in Table-1 and



MO392 Figure 1: Clinical and laboratory findings of patients after favipiravir treatment.



MO392 Figure 2: Laboratory findings of the non-survived patients before and after favipiravir treatment (n=40).