

Table 2. Hospitalization of ESKD patients before and after the onset of the COVID-19 pandemic in a tertiary University Hospital of Thessaloniki, Greece

	Before COVID-19 pandemic	After COVID-19 pandemic	P-value
Time period	1 March 2019–29 February 2021	1 March 2020–28 February 2021	-
Hospitalizations ^a (n)	149	90	-
Age (years)	67.7 ± 13.6	65.3 ± 16.7	247
Gender (M/F)	105/44 (70.5%/29.5%)	62/28 (68.9%/31.1%)	884
Duration of hospitalization (days)	7 (2–83)	9 (2–67)	0.423
Outcome (n, %)			0.837
Improvement	127 (85.2%)	76 (84.4%)	
Stable medical condition	10 (6.7%)	6 (6.7%)	
In-hospital death	12 (8.1%)	8 (8.9%)	

^aHospitalizations due to SARS-CoV-2 infection over the pandemic period were not included in this comparative analysis.

MO908 THE IMPACT OF THE COVID-19 PANDEMIC ON HOSPITALIZATION RATE OF PATIENTS WITH ESKD IN A TERTIARY UNIVERSITY HOSPITAL OF THESSALONIKI, GREECE

Eleni Karafiti¹, Vasilios Vaios², Panagiotis Georgianos², Georgia Vareta², Kalistheni Leonidou², Garyfallia Varouktsi², Christos Savopoulos¹, Pantelis Zebekakis² and Vassilios Liakopoulos²

¹1st Propedeutic Department of Medicine, AHEPA Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece and ²1st Department of Medicine, AHEPA Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece

BACKGROUND AND AIMS: During the coronavirus disease-2019 (COVID-19) pandemic, the National Healthcare System of Greece was reorganized in order to cover the expected rise in hospitalizations of critically ill patients with COVID-19 infection. Accordingly, the aim of the present study was to explore whether the onset of the pandemic influenced the hospitalization rate of patients with end-stage kidney disease (ESKD) in a large tertiary university hospital in the metropolitan region of Thessaloniki, Greece.

METHOD: In this observational study, we retrospectively collected data regarding the hospitalizations of ESKD patients in the section of Nephrology of the first Department of Internal Medicine at the AHEPA University Hospital of Thessaloniki. We provide a comparative evaluation of the number of hospitalizations, demographic characteristics of patients and in-hospital outcomes between the 1-year-long period before (1 March 2019–29 February 2020) and the corresponding period after the onset of the COVID-19 pandemic (1 March 2020–28 February 2021).

RESULTS: Over the 1-year period before the onset of the pandemic, 149 ESKD patients with various complications were hospitalized in our department. During the control period, we recorded only 90 non-COVID-19 hospitalizations of ESKD patients (Table 1). There was no significant difference in the age and gender of patients who were hospitalized before and after the onset of the pandemic. Furthermore, the median duration of hospitalizations and the in-hospital mortality rate were comparable between the two periods. Over the 1-year-long period after the onset of the pandemic, our department provided care to 50 ESKD patients (32 males and 18 females) with COVID-19 infection who had a mean age of 66.3 ± 16.1 years. Of these, 33 patients (66%) were given discharge from the hospital, and the remaining 17 patients (34%) died.

CONCLUSION: This single-centre observational study shows a significant reduction in non-COVID-19 hospitalizations of ESKD patients in a tertiary University Hospital of Thessaloniki after the onset of the pandemic. However, the demographic characteristics of patients who were hospitalized, the duration of in-hospital care and clinical outcomes were comparable between the pandemic and control periods.

MO909 DIALYSIS AFTER CONTRAST AGENT ADMINISTRATION IN PATIENTS ON CHRONIC HAEMODIALYSIS: IT IS A COMMON CLINICAL PRACTICE?

Vincenzo Antonio Panuccio¹, Rocco Tripepi², Maria Carmela Versace², Domenico Russo³, Luigi Francesco Pio Morrone⁴, Maria Cristina Mereu⁵, Giovanni Luigi Tripepi² and Carlo Alfieri⁶

¹Grande Ospedale Metropolitano, Nephrology, Dialysis and Transplant Unit, Reggio Calabria, Italy, ²National Research Council, Institute of Clinical Physiology, Reggio Calabria, Italy, ³Universita' di Napoli Federico II, Nefrologia, Napoli, Italy, ⁴P.O. Centrale "S.S. Annunziata", Struttura Complessa di Nefrologia e Dialisi, Taranto, Italy, ⁵Nefrologia—Cagliari, Cagliari, Italy and ⁶Fondazione IRCCS Ca Granda Ospedale Maggiore Policlinico, Nephrology, Dialysis and Transplant Unit, Milano, Italy

BACKGROUND AND AIMS: Though the current dialysis population is characterized by a better survival, there is a greater burden of cardiovascular comorbidities. These two factors together expose patients to a greater number of diagnostic and therapeutic contrast tests.

The European Society of Urogenital Radiology (ESUR) Guidelines on Contrast Agents 10.0 report that there is no need for urgent dialysis after intravascular iodinated contrast agent administration based on the results of the only study that addressed this problem, conducted in 10 patients by Younathan CM and published in the American Journal of Roentgenology in 1994. As far as the use of gadolinium contrast agent in dialysis patients, the recommendation is to try to perform the contrast agent injection prior to and close to the haemodialysis session, and an extra haemodialysis session to remove the contrast agent as soon as possible after it has been administered is recommended.

It is now a well-known phenomenon that when there are low-level recommendations, the behaviour of nephrologists is not homogeneous.

METHOD: We have created a very simple survey (only 10 questions) to explore the behaviour of Italian nephrologists with respect to the administration of contrast

