duration of the competition (the average finishing time of the competitors) was 820.60 min (±117.00), during which the mean energy consumption was 2209.72 kcal (±951.97) and energy expenditure was 7837.16 kcal (±195.71), with an average HR of 127.85 (±12.02).
CONCLUSION: The data presented here did not support our initial hypothesis that the ultramarathon would cause oxidative stress and acute kidney injury. In addition, there was no significant correlation between oxidative stress biomarkers and NGAL in serum and urine, which suggests that NGAL is more sensitive to the inflammatory process than ROS levels.

REFERENCE

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MO303 IMPACT OF DEXAMETHASONE AND INHALED NITRIC OXIDE ON SEVERE ACUTE KIDNEY INJURY IN CRITICALLY ILL PATIENTS WITH COVID-19

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BACKGROUND AND AIMS: Kidney failure is the second most frequent condition after acute respiratory distress syndrome (ARDS) in critically ill patients with severe COVID-19 and is strongly associated with mortality. The aim of this multicentric study was to assess the impact of the specific treatments of COVID-19 and ARDS on the risk of severe acute kidney injury (AKI) in critically ill COVID patients.
METHOD: Data from a prospectively collected database of consecutive patients hospitalized in six ICUs for COVID-19 was retrospectively analysed. The incidence and severity of AKI were monitored during the entire ICU stay. Patients older than 18 years hospitalized in for COVID-19-related ARDS requiring mechanical ventilation were included.
RESULTS: A total of 164 patients were included in the final analysis, 97 (59.1%) displayed AKI, of which 39 had severe stage 3 AKI and 21 (12.8%) requiring renal replacement therapy (RRT). In univariate analysis, severe AKI was associated with ACEI exposure ($P = .016$), high blood pressure ($P = .029$), APACHE-II score ($P = .004$) and mortality at D28 ($P = .008$), D60 ($P < .001$) and D90 ($P < .001$). In multivariate analysis, the factors associated with the onset of stage 3 AKI were: exposure to CEI [OR: 4.238 (1.307–13.736); $P = .016$], APACHE II score (without age) [OR: 1.138 (1.044–1.241); $P = .003$] and iNO [OR: 5.694 (1.953–16.606); $P = .001$], protective factors were prone positioning [OR: 0.234 (0.057–0.967); $P = .045$] and dexamethasone [OR: 0.194 (0.053–0.713); $P = .014$].
CONCLUSION: Dexamethasone seems to prevent the risk of severe AKI and RRT, and iNO seems associated with severe AKI and RRT in critically ill patients with COVID-19. iNO must be used with caution in COVID-19 related ARDS.

MO304 SEVERE SARS-COV-2 INFECTION IN PATIENTS WITH CHRONIC KIDNEY DISEASE AND LUNG DISEASE. OUTCOMES AND REFERRAL FOR PALLIATIVE CARE IN A TERTIARY CENTER IN SÃO PAULO, BRAZIL

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BACKGROUND AND AIMS: Coronavirus disease 2019 (COVID-19) is mainly an infectious disease of the respiratory system transmitted through air droplets, and pulmonary symptoms constitute the main presentations of this disease [1].