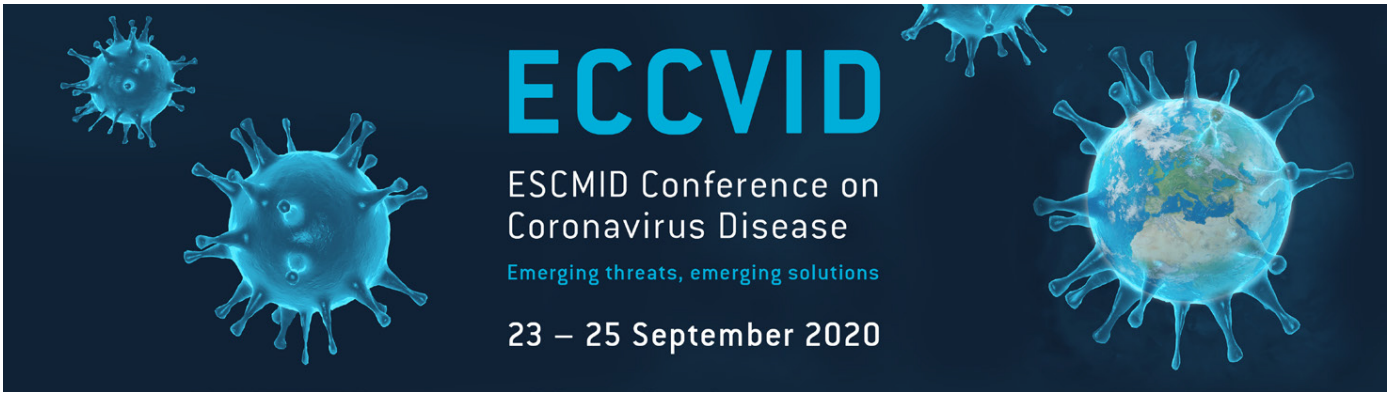


c. Clinical features, case management, outcome

00208 PROGNOSTIC FACTORS FOR COVID-19 PATIENTS

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Background In this study it was aimed to evaluate the prognostic factors for the PCR confirmed COVID-19 patients in a tertiary-care hospital at Kastamonu region of Turkey.

Methods Patients who had PCR positivity for COVID-19 between March 2020 and April 2020 in our center were recorded retrospectively. COVID-19 RT-qPCR (Bio-Speedy, Bioeksen, TR) detection kits and C1000 Touch Termal Cycler CFX96 Real Time System (Biorad, UK) were performed for the diagnosis. The patients were evaluated following the admission, at the end of treatment and before the discharge from hospital. Statistical analysis was performed via Chi square, t-test and a p value less than 0.05 was considered significant. Ethical committee approval was given from the Bolu University with desicion number 2020/176.

Results There were a total of 100 patients (44% female). The most common comorbidity was hypertension(18%). In-hospital mortality was recorded as 7%. The mean age was recorded as 66,14±5,11 years for patients with mortality and 52,08±1,89 for survivals (p=0.049). Mortality was significantly higher in patients with more than three comorbidities (p=0.004). Mean levels of laboratory results were recorded in Table.1. Mean CRP and sedimentation levels at admission were recorded higher in patients with mortality than survivals (124,9±25,3 vs 31,6± 4,6 mg/L; p=0.010 and 73,2±14,6 vs 26,6±2,7 mm/h; p=0.018, respectively). Also mortality rates were higher in patients with ferritin(ng/mL) or LDH(U/L) levels higher than 500 at admission (p=0.045; p=0.004 , respectively). Mortality was recorded significantly higher in patients whose SOFA(p=0.00031) or qSOFA(p=0.004) ≥ 2 or Glascow coma score (GCS) <15 (p=0.012) at the admission. In addition, mortality was higher in patients whose D-dimer levels >1 mg/L at the end of treatment (p=0.004). Mean neutrophile-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR) at the end of treatment were recorded significantly higher among the patients with mortality (p=0.039; p=0.034, respectively).

Conclusions Prognostic factors for COVID-19 patients are still under investigation by many researchers and CRP, sedimentation, LDH, ferritin, SOFA, qSOFA, GCS, NLR, PLR and d-dimer levels may have an prognostic value during the follow up of these patients.

Conflict of interest None of declared.

Table.1

Table.1

Laboratory Results	At admission	At the end of treatment (mean duration: 7,01 ±0,28 days)	Before the discharge from hospital (mean duration: 10,9 ±0,55 days)
WBC (/mm3)	6042,80±260,88	6243,76±299,13	6171,53±212,53
Lymphocyte (/mm3)	1489,30±75,95	1735,27±86,76	1930,69±85,62
Neutrophile (/mm3)	4004,60±230,98	3821,29±273,85	3415,42±176,13
Platelet (/mm3)	201.820±6.908	270.451±11170	306.638±14.951
NLR	3,72±0,53	3,34±0,48	2,18±0,21
PLR	170,7±11,7	208,84±17,56	181,02±12,48
CRP (mg/L)	38,18±5,22	43,52±8,11	14,57±2,74
Sedimantation (mm/h)	31,8±3,39	-	-
Ferritin (ng/mL)	161,37±23,38	254,47±35,64	193,80±30,62
Lactate dehydrogenase (LDH) (U/L)	274,36±14,41	268,17±11,81	234,33±8,27
D-dimer (mg/L)	0,82±0,09	1,59±0,27	0,97±0,11