Annual Meeting 2020
12 Dec 2020
Part 2: Co-existing with COVID-19
Co-exiting with COVID-10

Sharing of experience
- Bangladesh
- Hong Kong
- India
- Italy
- Malaysia
- Others
Coronavirus Cases: 71,578,588
Deaths: 1,604,136
Co-exiting with COVID-10

Sharing of experience
• Bangladesh
• Hong Kong
• India
• Italy
• Malaysia
• Others
Kidney disease is associated with in-hospital death of patients with COVID-19

Confirmed COVID-19
Age > 18 y
No maintenance dialysis
No renal transplantation

N=701
Age 63y
52.4% male
42.4% severe
42.6% comorbidity
16.1% in-hospital death

Prevalence of kidney abnormalities

14.4% Elevated Scr
13.1% Elevated BUN
13.1% eGFR<60 ml/min/1.73m²
43.9% Proteinuria
26.7% Hematuria
5.1% Acute kidney injury

CONCLUSION:
Clinicians should increase their awareness of kidney disease in patients with COVID-19.
• Variabilità regionale dell’incidenza con gradiente Nord-Sud.
• Incidenza molto più alta di COVID-19 nei pazienti in terapia sostitutiva, rispetto alla popolazione generale
• Incidenza più elevata in emodialisi che in dialisi peritoneale e in trapianto.
SARS-CoV-2 Infection Rates by Modality

A) Hemodialysis

B) Peritoneal Dialysis

C) Transplant

Macroregion effect p<0.001
Mortalità più alta in RRT che nella popolazione generale.

Regioni con almeno 10 decessi

Macroregion effect p=0.648
Kidney disease is associated with in-hospital death of patients with COVID-19

Patients Selection → Kidney disease → Association of kidney disease and in-hospital death

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Prevalence of kidney abnormalities

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Y Cheng et al, 2020