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Prevalence of kidney and Hepatic Dysfunction, and Outcomes in Hospitalized Patients With COVID-19 Infection in SBA region (west of Algeria)

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Abstract

Background: large amounts of epidemiological and case study data have been available for the Coronavirus Disease 2019 (COVID-19), which suggested that the mortality was related to not just respiratory complications. Here, we specifically analyzed kidney and hepatic functions in COVID-19 patients and their relations to mortality.

Methods: In this prospective, retrospective, observational study, we included 345 patients with laboratory confirmed COVID-19 from one hospital in SBA; EPH situated in west of Algeria. Demographic data, symptoms, laboratory values, comorbidities, treatments, and clinical outcomes were all collected, including data regarding to kidney and hepatic functions.

Results: 345 COVID-19-infected patients, aged 25-95 years, were included in this study between June 2020 and october 2021. Of the 345 patients enrolled in this study, most were men (65,8%), and (34,2%) were aged 70 years and above.

On hospital admission, a remarkable fraction of patients had signs of kidney and hepatic dysfunctions, including 59% with proteinuria, 44% with glycemia (1.6 \pm 0.8 g), 14% with increased levels of blood urea (0.6 \pm 1.3), and 10% with increased levels of serum creatinine (15.9 \pm 16.5); and 10% with increased levels of serum AST (40.1 \pm 25.2) and 10% with increased levels of serum ALT (32.8 \pm 27.6); k⁺ mEq/L (3.9 \pm 0.8); D-dimers (2360 \pm 3029). In our study, SpO₂ was found to have a positive correlation with AST **R=0.63**; with ALT **R=0.57**; with NA+ mEq/L **R=0.68** and k+ mEq/L **R=0.66** and with age **R=0.40**.

Conclusion: In conclusion, COVID-19 patients have damage to liver and kidney function. ALT, AST, could be independent factors for predicting the severity of COVID-19.

Key words: COVID-19- kidney function - hepatic function- SBA- Algeria.