

Category : **Infections + antimicrobials**

A371 - Sars-cov-2 pneumonia in intensive care unit : predictors of major cardiovascular events

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Introduction:

SARS-CoV-2 pneumonia is the most severe manifestation of covid 19, and most frequent cause of morbidity. Cardiovascular events can increase death in patient with SARS-CoV-2 pneumonia. The aim of our study was to determine the predictors factors of major cardiovascular events in patients admitted to the intensive care unit for SARS-CoV-2 pneumonia.

Methods:

Retrospective, descriptive, and analytical study conducted over a period of 12 months (October 2020-september 2021). Patients aged 18 years and older, admitted to the intensive care unit for the management of SARS-CoV-2 pneumonia, Predictors of major cardiovascular events were identified through univariate and multivariate analysis.

Results:

We included 120 patients. The average age was 63 ± 17 years, with a predominance of males. The main cardiovascular risk factor was hypertension (22,5%), the most frequent comorbidities were arrhythmia (7,8%) and coronary disease (5,2%). Major symptoms included dyspnea (80.8%) and coughing (76,%6). Half of patients had a systolic blood pressure < 90 mmHg and 53% had SPO2 < 91%. POA2/FIO2 ratio was less than 100 in 37,5% of cases. The incidence of major cardiovascular events was 74,2%. Arrhythmia was the most common cardiovascular events (25,2%)% flowed by hemodynamic shock (15,8%). The predictors of major cardiovascular events identified through univariate analysis were : age > 65 years, male gender, hypertension, chest pain ($p=0,001$, OR=16), hyperleucocytosis ($p<0,001$, OR=5,88), creatinin ($p<0,001$, OR=59), lactate dehydrogenase ($p<0.001$, OR=4,65), mechanical ventilation ($p=0.001$, OR=5,76). In multivariate analysis, the independent predictors of major cardiovascular event were : age > 65 ans, male gender , chest pain and mechanical ventilation.

Conclusion:

Determining the predictors of cardiovascular events could help clinicians to identify patients with high risk of short-term complications, to optimize their management and then reduce morbidity.