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inguinal lymphadenopathy, splenomegaly, and distended gallbladder. The patient was admitted. Nephrology was consulted for emergent dialysis when serum K noted > 10. The patient had received Lokelma, calcium gluconate, and insulin to shift the K prior to our evaluation. Nephrology recommended to check a whole blood sample arterial blood gas with point-of-care electrolytes including K; this revealed a K level of 3.6. Consequently, patient was diagnosed with pseudohyperkalemia, likely secondary to to in vitro lysis of WBCs, and saved from an unnecessary dialysis. Hematology was consulted and diagnosed T-cell prolymphocytic leukemia (T-PLL), with plans for chemotherapy.

True hyperkalemia can quickly lead to fatal cardiac arrhythmias, muscle weakness, or paralysis. Therefore, accurate measurement of potassium is critical for patient management. Kidney disease is the most common cause of hyperkalemia. The diagnosis of pseudohyperkalemia is important to prevent unnecessary treatment. In a patient with considerable leukocytosis and no evidence of peaked T waves or cardiac arrhythmias, one should always consider the diagnoses of pseudohyperkalemia. In this case pseudohyperkalemia was likely from lysis of fragile leukemic cells during the centrifugation process in the lab. Pseudohyperkalemia is a common diagnosis that should be considered by Nephrologists before pursuing aggressive measures such as dialysis catheter placement and hemodialysis.

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**ACUTE RENAL FAILURE BY MASSIVE IVC THROMBOMOSES TREATED WITH MECHANICAL THROMBECTOMY: A CASE REPORT OF ATYPICAL CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME:**

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Catastrophic Antiphospholipid Syndrome (CAPS) causes at least 4 organs failure with high mortality. Diagnosing is extremely challenging. We report an atypical case with extensive venous thromboses and anuric acute kidney injury (AKI) that resolved following successful inferior vena cava (IVC) thrombectomy.

A 26-year-old female G4P0 presented with flank pain, miscarriage at 6 weeks gestation and urinary tract infection. She had fever, leg swelling, knee arthralgia and worsening AKI. She had 3.35 g of proteinuria, microscopc hematuria, ANA titer of 1:160 and positive lupus anticoagulant. Renal duplex scan revealed patent renal artery and vein. Two renal biopsies within 2 weeks were inconclusive due to suboptimal samples. She became anuric and required hemodialysis. No evidence of hepatic, pulmonary, or any other organ failure was present. Her fever and arthralgia improved on prednisone. Anticoagulant therapy was recommended at discharge but not taken. Two weeks later, she was readmitted with fever and bilateral leg pain. Venogram revealed extensive thromboses involving distal IVC down to the tibial veins and impaired renal venous outflow. She received plasmapheresis, heparin, methylprednisolone 1 g daily and hemodialysis for suspected CAPS.

She underwent thrombectomy twice, of her bilateral iliac veins and IVC using the Angiojet pharmaco-mechanical system and the INARI CloTrieve, with angioplasty/stenting of the infrarenal IVC and common iliac veins. Repeat venogram showed nonocclusive minimal residual thrombus. She recovered with full renal function within 1 week.

Major and extensive thrombosis should trigger consideration of CAPS. Cutting-edge interventional systems like Angiojet and INARI CloTrieve for thrombectomy provides treatment when the IVC and iliac systems are involved.

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**COVID-19 AMONG HOSPITALIZED PATIENTS WITH KIDNEY DISEASE: EXPERIENCE AT AN ACADEMIC MEDICAL CENTER:**

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In this (ongoing) retrospective cohort study, we examined the characteristics, presentations, treatments, and outcomes of COVID-19 among hospitalized patients with AKI, dialysis-dependent end-stage kidney disease (ESKD-D) or kidney transplantation (KTx) at an urban, Midwestern tertiary center (3/19/20–11/14/20).

Among 85 patients to date, 44 had AKI, 18 had ESKD-D, and 23 were KTx recipients. The monthly case rate ranged from ~6/mo. in the summer to >10 in early November. 65% were Black (including 54% AKI, 100% ESKD-D, and 56% KTx). Diabetes (47%) and heart failure (24%) were common comorbidities, while 23% had underlying lung disease. Overall, 43% required mechanical ventilation, with highest use in the AKI group (64%). Supportive care in the AKI group included ECMO in 9%, and 50% required renal replacement therapy (RRT). Mechanical ventilation was lower among KTx recipients (9%), but 13% required RRT. The most common medical treatments were azithromycin (40%) and dexamethasone (39%). Mortality was 54% in the AKI and 33% in ESKD-D groups, but 0% among KTx recipients.

We observed rising number of kidney patients with COVID-19 at our center, with high rates of respiratory failure, RRT needs and mortality. Public health and therapeutic studies should focus on mitigating COVID-19 disease transmission and optimizing outcomes in this vulnerable population.
REDUCING TRANSPLANT DISPARITIES FOR SPANISH-SPEAKING PATIENTS:

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Hispanic Americans receive disproportionately fewer organ transplants than non-Hispanic white Americans. In this context, the Hispanic Transplant Clinic was established at the University of Colorado Hospital (UCH) in 2018. The purpose of this study was to assess the efficacy of this program in reducing this disparity.

We performed a mixed-methods analysis of data from 406 Spanish-speaking patients referred for transplant to UCH between 2015 and 2019. We compared outcomes for patients referred between 2015-2017 to those referred between 2018-2019. Semi-structured phone interviews were conducted with 6 patients per time period and with nephrology providers in the Denver Metro Area. Patients and providers were asked to evaluate communication, transplant education, and overall experience.

When comparing the averages of the two time periods, there was a percentage increase in number of patients completing each step of the transplant process during 2018-2019: referrals (74.9% increase), evaluations (87.9% increase), committee reviews (137.5% increase), listings (38.4% increase) and transplants (11.1% increase). In interviews with patients seen in 2018-2019, all patients expressed understanding of the kidney transplantation process and described the Spanish-speaking providers as thorough. In comparison, interviews with patients evaluated before 2018 revealed issues with communication, as patients reported difficulty expressing understanding of the kidney transplantation process. Overall, the providers reported a positive experience with the Hispanic Transplant Clinic. All of the providers discussed that it was easier to refer their Spanish-speaking patients and that more patients were undergoing a kidney transplant evaluation.

| Referral Year | Referred | Evaluated | Reviewed | Waitlisted | Transplanted |
|---------------|----------|-----------|----------|------------|--------------|
| 2015-2017     | 158      | 127       | 72       | 53         | 27           |
| 2018-2019     | 184      | 159       | 114      | 49         | 20           |

The establishment of the Hispanic Transplant Clinic is associated with increased numbers of Hispanic patients per year completing steps of the transplant process. This supports establishing clinics oriented to Spanish-speaking patients as a means of reducing transplant disparities for Hispanic Americans.