Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
NEPHROPATHY INDUCED ALBUMINURIA WITH WHEN ANCA-ASSOCIATED VASCULITIS MET COVID-19: A CASE REPORT:
Zakir Shaik1, Rui Song2, Ali Arif3, Mingyue He4, Avrum Gillespie1.
1Temple University Hospital, Philadelphia, PA, United States
2Brown University, Providence, RI, United States

Patients with AAV have a higher risk for SARS-CoV-2 infection. In neutrophil extracellular traps, complement cascades, and IL-6, the pathophysiological pathways with SARS-CoV-2 infection such as ANCA vasculitis with diffuse alveolar hemorrhage (DAH), AKI treated due to the ongoing pandemic as the risk of not using may be much worse where it is clinically indicated. Tocilizumab may have a dual beneficial effect. Large agents for AAV indications during the pandemic with favorable risk-benefit ratio. Tocilizumab may also have dual beneficial effects in treating the AAV flare and managing the cytokine storm of COVID-19. The treatment for the AAV in the setting of COVID-19 has been controversial. Though the risk of infection increases with Rituximab use, current literature supports cautious use of the B-cell depleting agents for AAV indications during the pandemic with favorable risk-benefit ratio. Tocilizumab may also have beneficial effects in treating the AAV flare and managing the cytokine storm of COVID infection. Our case study showed this presumed dual benefit. Large scale studies are required to both prove the safety of Rituximab use in the setting of risk of COVID infection and Tocilizumab use for AAV flare with COVID infection.

Clinicians should not shy away from using the Rituximab in AAV treatment due to the ongoing pandemic as the risk of not using may be much worse where it is clinically indicated. Tocilizumab may have dual beneficial effects of treating the Cytokine storm and AAV flares as we saw in our case.

BREAST CALCIPHYLAXIS 3 DAYS AFTER PARATHYROIDECTOMY IN A DIALYSIS PATIENT:
Duy Vu1, Saad Mohammed Shariff2, 1University of North Carolina, Chapel Hill, NC, United States
Calciphylaxis is a rare and poorly understood disorder characterized by calcification of the microvasculature in the dermis & adipose tissue leading to ischemia and necrosis of the skin & subcutaneous tissue. Although surgical parathyroidectomy is used to treat patients with both calciphylaxis and hyperparathyroidism, there are only 3 reported cases where the parathyroidectomy triggers the development of calciphylaxis as presented in this rare case. A 30-year-old woman with end stage kidney disease (ESKD) on hemodialysis for 3 years and obesity develops refractory secondary hyperparathyroidism. Despite optimizing medical therapy, her PTH remains between 2000 and 4000 pg/mL. She underwent total parathyroidectomy & auto-transplantation. Intraoperative PTH levels decreased from 2871 to 195 pg/mL following the resection. On post-operative day 3, she developed burning pain in her left breast followed by the appearance of a large livedo-like ecchymosis with a focal area of erythema. PTH levels were between 70-120 pg/mL post-op and she required calcium replacement and calcitriol for best of our knowledge, the effectivity of SGLT2i as a solo therapy for reduction of proteinuria has not been studied. While the exact mechanisms of benefit of SGLT2i are unknown, they have been demonstrated to reduce proteinuria when added to RAASI and as we have shown, can also do so without concomitant RAASI.

BREAST CALCIPHYLAXIS 3 DAYS AFTER PARATHYROIDECTOMY IN A DIALYSIS PATIENT:
Duy Vu1, Saad Mohammed Shariff2. 1University of North Carolina, Chapel Hill, NC, United States
Calciphylaxis is a rare and poorly understood disorder characterized by calcification of the microvasculature in the dermis & adipose tissue leading to ischemia and necrosis of the skin & subcutaneous tissue. Although surgical parathyroidectomy is used to treat patients with both calciphylaxis and hyperparathyroidism, there are only 3 reported cases where the parathyroidectomy triggers the development of calciphylaxis as presented in this rare case.

A 30-year-old woman with end stage kidney disease (ESKD) on hemodialysis for 3 years and obesity develops refractory secondary hyperparathyroidism. Despite optimizing medical therapy, her PTH remains between 2000 and 4000 pg/mL. She underwent total parathyroidectomy & auto-transplantation. Intraoperative PTH levels decreased from 2871 to 195 pg/mL following the resection. On post-operative day 3, she developed burning pain in her left breast followed by the appearance of a large livedo-like ecchymosis with a focal area of erythema. PTH levels were between 70-120 pg/mL post-op and she required calcium replacement and calcitriol for...