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**Introduction:** The experience and data on the domiciliary management of COVID-19 in renal transplant recipients (RTR) are limited. Amidst the crisis during the pandemic, when prioritization of resources is mandatory, even this high-risk group with mild COVID-19 needs to be managed on an outpatient basis. The objective of the current study is to compare the outcomes of the COVID-19 affected RTR managed on domiciliary basis to that of in-patient management.

**Methods:** This is a retrospective study conducted in SGPGIMS, Lucknow, India comparing the domiciliary management with the historical cohort managed in hospital. RTR with mild COVID-19 were managed by supervised home-based self-monitoring (HBSM), a strategy to manage this high-risk group on an outpatient basis during the crisis of the second wave. The primary outcome was the clinical deterioration to a higher severity category among the RTR with mild COVID-19 managed by HBSM compared to hospitalized patients within two weeks of disease onset.

**Results:** Of the 149 RTR with mild COVID-19, 94 (63%) and 55 (37%) were managed by HBSM and in the hospital, respectively. The proportion of RTR clinically deteriorated to a higher severity category (moderate or severe category) was similar among both groups (28.7% versus 27.2%, p=0.849). Among the RTR with clinical deterioration, COVID-19 related mortality was noted in two patients and none in the HBSM and hospitalised groups respectively. The graft dysfunction was higher in the hospitalised group (7.4% versus 27.2%, p=0.002). Median time to complete recovery (7 days in both groups), secondary bacterial infections (25% versus 33.3%, p=0.41), and the mean decline in EQ-5D score from baseline at six weeks (-6.6 versus -4.3, p=0.103) were found to be similar in both the groups.

**Conclusions:** Supervised HBSM was shown to result in similar outcomes as that of the in-patient management of RTR with mild COVID-19 and might be a good alternative in the face of limited in-patient services.

No conflict of interest

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**POS-008**

**ACUTE KIDNEY INJURY IN CRITICALLY ILL COVID-19 INFECTED PATIENTS REQUIRING DIALYSIS: EXPERIENCE FROM INDIA AND PAKISTAN**

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**Introduction:** Acute kidney injury (AKI) was common in the first two waves of the SARS-COV-2 pandemic in critically ill patients. A high percentage of these patients required renal replacement therapy and died in the hospital.

**Methods:** A retrospective analyses of the demographic variables, comorbidities, clinical and laboratory parameters, proportional indicators and outcome data was done of critically ill COVID-19 infected patients requiring dialysis admitted to two ICUs between April 2020 to December 2020. The subgroup of patients who developed AKI and required renal replacement therapy (RRT) were included for the final analysis.

**Results:** A total of 1,714 critically ill patients were admitted to the ICUs of the two centres. Of these 393 (22.9%) had severe acute kidney injury (KDIGO stage 3) requiring dialysis. Of them, 60.5% were men and the mean (±SD) age was 58.78 (±14.4) years. 49.3% patients in the Indian cohort and 53.0% patients in the Pakistani cohort were diabetic. Two hundred and seventy-seven patients (70.4%) presented with fever and 350 (89.1%) with breathlessness. Diabetes (n=118, 30.0%) and altered sensorium (n=178, 45.3%) were less common clinical presentations. The patients from Pakistan were clinically sicker. At the time of initiation of dialysis, 346 patients (88%) were oliguric. The most frequent dialysis modality in these patients was intermittent hemodialysis (48.1%) followed by slow low efficiency dialysis (44.5%). Two hundred and six (52.4%) patients died. The mortality was higher among the Indian cohort (68.1%) than the Pakistani cohort (43.4%). Older age (age ≥50 years), low serum albumin altered sensorium, need for slower forms of renal replacement therapy and ventilatory support were independently associated with mortality.

**Conclusions:** AKI requiring RRT in critically ill COVID-19 pneumonia patients in this sub-continental cohort had a high mortality which was independently predicted by age, altered sensorium at presentation, need for ventilatory support and RRT. We hope the results of this study will help to prognosticate critically-ill COVID-19 AKI patients and direct therapy appropriately in resource constrained settings.

No conflict of interest

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**POS-009**

**ACUTE KIDNEY INJURY IN COVID-19 ASSOCIATED MUCORMYCOSIS FROM INDIA: A MULTICENTRIC RETROSPECTIVE STUDY ON CLINICAL PROFILE, AND FACTORS AFFECTING OUTCOME**

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**Introduction:** The second wave of the COVID 19 pandemic had a devastating impact on India. Very high rates of hospitalization and mortality characterized this wave. There was a high incidence of COVID 19 associated mucormycosis during this wave. Acute kidney injury in these patients was also quite common.

**Methods:** We conducted a retrospective, non-interventional, observational study of the Covid 19 associated mucormycosis admitted in three tertiary health care centers in Hyderabad, India. Demographics, clinical, laboratory data and treatment details were collected during the second wave of the pandemic (April 15-June 5, 2021).

A case of mucormycosis was defined as one consistent with clinical, radiological findings and pathologically in body fluids and biopsy tissues. Additional diagnosis was obtained when mucor grew in culture.

Acute kidney injury was defined as a 0.3 mg/dl absolute rise in serum creatinine or a 50% rise in serum creatinine from the baseline over a period of seven days. Chronic kidney disease was present when there was persistently raised creatinine, proteinuria and or radiological abnormalities of the kidneys for more than 3 months. Resolving AKI was defined as return to baseline creatinine at 6 weeks of follow up.

Risk factors for AKI were assessed using the Chi square test and Cox Proportional Hazards Models and displayed using hazard ratios (HR) with 95% confidence intervals (CI).

**Results:** During the study period, 217 cases of COVID 19 associated mucormycosis were detected in admitted patients in the three hospitals included in the study. Mucormycosis affecting the nasal sinuses was the commonest, affecting 95 (44%) of the patients. Diabetes mellitus was the most common underlying disease among these patients. Mucormycosis associated case-fatality at 6 weeks was 14%. The common antifungals used were liposomal Amphotericin B, Posaconazole and Isavuconazole. During the study period, acute kidney injury was noted in 64 (29.5%) patients. There were 35 (16.1%) patients with chronic kidney disease at the beginning of the study. Acute kidney injury in patients with chronic kidney disease was noted in 15 (42.9%) patients. Overall, acute kidney injury in patients with chronic kidney disease contributed to 23.4% of all acute kidney injury events. The presence of underlying type 2