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.
**Abstract – 137**

**INCIDENCE AND CLINICAL IMPACT OF THROMBOTIC EVENTS IN HOSPITALISED CORONAVIRUS DISEASE 2019 (COVID-19)**

Dr. Bhupinder Singh, Dr. Bishav Mohan, Dr. G.S. Wander.

**Background:** Coronavirus disease-2019 (COVID-19) infection and thrombosis are of great clinical importance as this association has shown to increase mortality. We intend to estimate the incidence of thrombotic events (TE) and their impact on clinical outcomes in hospitalised COVID-19 patients.

**Methods:** This was a prospective study. The study population comprised of hospitalised COVID-19 patients between 1st March 2021 and 31st May 2021. The clinico-demographic data, thrombotic events, and clinical outcomes were collected.

**Results:** A total of 1274 patients were analysed. The median age of the study population was 55 years (IQR: 44-66 years). The incidence of TE was 5.8% (n=74); 60.8% of these TE occurred in patients having severe/critical COVID-19 illness and 70.3% of TE occurred in patients in the intensive care unit. Venous events (3.9%) were common compared to arterial events (1.9%). On multivariate logistic regression analysis, total leukocyte count, C-reactive protein, and D-dimer level were found to be the independent predictors of having TE. Receiver operator curve revealed a cut-off point of 872.5 DDU µg/L for D-dimer level (sensitivity: 67.6% and specificity: 72.1%; p<0.001, area under curve=0.78) for predicting TE. Patients with TE had significantly higher mortality compared to those without TE (58.1% vs 22.2%; p<0.001); and the presence of TE (OR=2.94; 95% CI: 1.7-5.1, p<0.001) was found to be the independent predictor of mortality.

**Conclusion:** The incidence of TE is high for hospitalised COVID-19 patients and it is even higher in severe/critical COVID illness. Its presence has shown to double the mortality compared to those without it.

**Keywords:** COVID-19, thrombosis, prevalence, risk factors, mortality.

Pie diagram showing distribution of the various types of the thrombotic events in study population.