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GROCERY SHOPPING PATTERNS AND FOOD SCARCITY DURING THE COVID19 PANDEMIC IN INNER-CITY PATIENTS WITH CHRONIC KIDNEY DISEASE (CKD):

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Inner-city CKD pts have been affected by both the COVID19 pandemic and economic hardship. We studied grocery store shopping habits in pts with CKD compared to pts from family medicine clinic (FM).

A random sample of pts from kidney transplant (29), CKD (14), dialysis (5), and family medicine clinic (24) were surveyed by telephone regarding frequency of food shopping, types of food purchased and concerns regarding COVID19. Pts were grouped as High Frequency (HF—once a week or less), and Low Frequency (LF—once every two weeks or greater) shoppers. There were no differences between kidney disease clinics so they were analyzed together.

Mean age for CKD (combined) was 60.8±11.2. There were 22 (45%) male and 27 (55%) female respondents, with 6 (13%) Hispanic, 56 (73%) black, 3 (6%) white, 4 others (8%). FM pts were older than CKD (p=0.02, 65.3±8.5) with no difference for race or gender. There was no difference in frequency of grocery shopping for CKD pts and FM pts (p=0.05) before COVID19. CKD pts shopped less than FM during COVID19 (p=0.01). CKD pts also decreased shopping frequency compared to pre COVID19 (p=0.05). Within CKD, 15 pts were grouped into HF and 19 to LF. There were no differences in those groups for age, race or gender. HF reported buying more frozen food (p=0.01) and eating more fast food (p=0.01) while eating these groups for age, race or gender. HF reported buying more food overall (p=0.03). LF were more likely to cut portion sizes or skip meals due to finances. 4. CKD pts who shopped less were more fearful of COVID and felt less comfortable in public spaces. 5. These data suggest that multiple factors are affecting food choices in CKD pts and may contribute to food scarcity in this population.

PATIENT WITH COVID-19 RELATED COLLAPSING GLomerulonePHATY:

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We present a case of Collapsing Glomerulopathy (CG) in a patient with Coronavirus disease 2019 (COVID-19). A 53-year-old African American female with history of diabetes mellitus type II and hypertension presented with 7 days of fevers, cough, worsening dyspnea, diarrheea and oliguria. She was found to have severe AKI with serum creatinine of 6.2 mg/dL, up from a baseline of 0.8mg/dL, and nephrotic-range proteinuria (>2000 mg/dL), hematuria, pyuria, hypoalbuminemia, elevated LDH, leukocytosis, metabolic acidosis, and elevated inflammatory markers. COVID-19 PCR was positive; an extensive serologic work up revealed bilaterally increased echogenicity with normal arterial and venous Doppler flow, nonspecific left perinephric stranding concerning for pyelonephritis, and an obstructing 3 mm calculus with right hydronephrosis. Fluid resuscitation, empiric antibiotics, and dexamethasone were initiated. Scant urine output and worsening creatinine (peak of 9.3 mg/dL) continued, and hemodialysis was started on hospital day 2. Kidney biopsy on hospital day 10 showed podocyte hyperplasia and