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HYPERNATREMIA SECONDARY TO ENTRENTINIB-INDUCED Nephrogenic DIABETES INSIPIDUS:

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Hypernatremia has been reported with the use of Tropomyosin Receptor Kinase Inhibitors (TRKI) but the pathophysiology is not clear. We hereby describe a 72-year-old male with metastatic papillary thyroid carcinoma presenting with hypernatremia after starting Entrectinib therapy. A 72-year-old male with metastatic papillary thyroid carcinoma was admitted to the hospital for failure to thrive and worsening mental status 6 weeks after starting Entrectinib therapy. He was found to have hypernatremia at 154 mmol/L. Serum and urine osmolalities were 320 and 293 mOsm/Kg, respectively. Notably, proteinuria and polyuria were reported raising the suspicion for underlying diabetes insipidus (DI). 24 hour urine output was around 4.5 liters. A DDAVP challenge was performed with no change in hourly urine output and a trivial change in urine osmolality towards 339 mOsm/Kg consistent with a partial nephrogenic DI. Patient was treated with free water enteraly and parenterally while stopping Entrectinib therapy. One week later, a urine deprivation test failed to elicit a hypernatremic response. Unfortunately, urine osmolality variations with water deprivation were not checked but urine volumes dropped significantly suggesting resolution of the nephrogenic DI.

We believe this is the first case to shed light into the mechanism of hypernatremia with Entrectinib. We demonstrated partial nephrogenic DI that appears to temporally correlate with initiation of therapy. Interestingly, this seemed to resolve one week following Entrectinib interruption possibly with drug clearance.

Hypernatremia has been associated with Tyrosine Kinase Inhibitors but no pathophysiology has been proposed. This case suggests nephrogenic DI is one mechanism through which hypernatremia ensues with this therapy. This seems to be reversible with drug cessation.

In the ongoing use of targeted therapies in oncology and beyond, it seems prudent to better understand the unique water balance abnormalities that might occur so that patients can be counseled and managed appropriately.

211 KIDNEY FAILURE AND COMMON VARIABLE IMMUNODEFICIENCY: AN UNUSUAL PRESENTATION:

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Hypercalcemia is a metabolic derangement that can lead to serious complications if left unattended. We hereby present a case of kidney failure secondary to nephrocalcinosis in the setting of chronic undiagnosed hypercalcemia.

71-year-old female presented with failure to thrive and was found to have moderate hypercalcemia (13.6 mg/dL), kidney dysfunction (creatinine: 4.83 mg/dL, nl baseline 3 years prior), and anemia.

Hypercalcemia workup showed suppressed PTH, normal 25-vitamin D, and a high 1,25 vitamin D. An M protein was identified in the urine and a bone marrow biopsy showed epitheloid granulomas along with low grade indolent monoclonal B-cell lymphoproliferative disorder (LPD). Notably, mild hypercalcemia was noted on blood work from 3 years prior, and a liver biopsy showed non-casing granulomas. A kidney biopsy pursued revealed nephrocalcinosis with severe interstitial fibrosis, tubular atrophy and no paraproteinemnic kidney pathology. Interestingly, she was also found to have chronic low immunoglobulin levels. She was diagnosed with primary combined variable immunodeficiency (CVID) and a related granulomatous reaction with liver and bone marrow involvement along with secondary hypercalcemia and kidney dysfunction. Treatment was initiated with prednisone 0.5mg/kg and hydroxchloroquine. Serum calcium normalized quickly and kidney function improved gradually down to 2.3mg/dL at the 7 month mark.

While hypogammaglobulinemia can be seen with indolent LPDs, the granulomatous reaction would not be expected. The chronically low IgG & IgA levels were more consistent with primary CVID and secondary systemic granulomatous reaction. Although granulomatous disease occurs in 8-22% of patients with CVID, kidney dysfunction is rarely reported. Granulomas associated elevated 1-alpha hydroxylase led to the observed elevated activated vitamin D and hypercalcemia with resultant nephrocalcinosis and kidney dysfunction.

This case highlights an unusual CVID case presenting with severe kidney dysfunction secondary to long standing undiagnosed hypercalcemia. An elevated activated vitamin D level should prompt evaluation for an underlying lymphomatous or granulomatous disorder. Steroids, as opposed bisphosphonates or biologics, are the mainstay of hypercalcemia treatment in this setting.

212 CHANGE IN FOOD PURCHASING PATTERNS AND INCREASED RELIANCE ON SUPPORT PROGRAMS DURING THE COVID-19 PANDEMIC IN INNER-CITY DIALYSIS PATIENTS:

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We investigated how food purchasing behavior changed in a cohort of inner-city dialysis patients during the COVID-19 pandemic.

33 dialysis patients were surveyed face-to-face about use of grocery stores, restaurants, take-out, and use of SNAP or other benefits over the past year. The survey also assessed patient attitudes and fear relating to COVID-19.

Mean age was 57±17.7 yrs, 20 (61%) men, 91% identified as Black/AA (9/20 pts (27%) reported yearly income under $20,000 with 70% less than $40,000. The number of pts using SNAP, WIC, or Greenmarket Bucks to buy groceries increased from 21% before the pandemic to 33% after (p=0.019). Age correlated negatively with feeling safe eating at a restaurant indoors (r=-0.47, p=0.008), or outdoors (r=-0.58, p<0.001) and increased use of take-out since the start of the pandemic (r=-0.39, p=0.032). There was a significant difference in pts who purchased breakfast (45,94±4.0 vs 65,34±6.0, p<0.001), lunch (49,74±4.1 vs 65,34±4.0, p=0.006), and dinner compared to those who didn’t (48,54±9 vs 60,94±9, p<0.001). There was a positive correlation between income and the frequency that pts purchased breakfast (r=0.45, p=0.048) and lunch (r=0.45, p=0.046). There was a negative correlation between age and the statement “I wish I could cook more meals at home” (r=-0.497, p=0.004) and a positive correlation with income (r=0.06, p=0.006). There was no association between age and income. Only 6% (2) pts were employed and both were <60 yrs old.

In our population of inner-city dialysis pts: 1. Use of food assistance programs increased since the start of the pandemic. 2. Older pts felt less safe eating at restaurants regardless of whether it was indoors or outdoors and were more likely to make meals at home. 3. Younger patients were more likely to eat take-out food and reported they wished they could cook more meals at home. 4. Increased use of food programs and association of younger age or lower income with eating out suggests that careful nutritional guidance should be emphasized as dietary habits have changed since the pandemic and eating out has been associated with worse adherence to sodium and other restrictions in pts on dialysis.

213 DE NOVO IGA NEPHROPATHY FOLLOWING MRNA COVID-19 VACCINE:

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In response to the COVID-19 pandemic, worldwide efforts contributed to the largest vaccination campaign in history. Thus far, 17 cases of Iga nephropathy (IgAN) following COVID-19 vaccine were reported in adults, all after mRNA vaccines. Most patients had gross hematuria (GH) and sub-nephrotic range proteinuria (SNRP) within 2 days after the second dose.

A 23-year-old White female with recent mild COVID-19 infection developed asymptomatic GH with SNRP 2 days after receiving the first and the second dose of Pfizer-BioNTech vaccine. Laboratory studies showed normal kidney function and serum albumin. Negative rheumatologic workup. Urinalysis revealed proteinuria, dysmorphic red blood cells, and rare granular casts. Urine protein-creatinine ratio (UPr/Cr) was 1.42/g. Within 1 week the GH self-resolved, however, she continued to have persistent microscopic hematuria and subnephrotic proteinuria.