SUPERINFECCIONES EN PACIENTES CON COVID-19 GRAVE ASOCIADO AL USO DE GLUCOCORTICOIDES EN UNIDAD DE CUIDADOS INTENSIVOS EN UNA CLÍNICA DE PASTO (NAR, COL)

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RESUMEN

La pandemia por SARS-CoV-2 causó gran impacto en la forma de realizar abordaje del paciente críticamente enfermo. Muchos de los pacientes al inicio de la pandemia fueron tratados de manera empírica, lo que conllevo al uso de algunas terapéuticas no evaluadas en su totalidad en el impacto en el desarrollo de otras complicaciones. Este fue el caso de los corticoides.

Objetivo: Evaluar la posible relación entre las infecciones y superinfecciones en pacientes con SARS-CoV-2 grave, con el uso de corticoides previo en los pacientes remitidos a una Unidad de Cuidados Intensivos en una clínica de Pasto (NAR, CO), durante el periodo de abril a agosto de 2020.

Metodología: Se realizó un estudio corte transversal de los pacientes que utilizaron corticoides antes de ingresar a la UCI adultos por SARS-CoV-2. Para ello se realizaron estadística descriptiva de los datos recogidos en una UCI de Pasto y se realizó un resumen de los datos, se realizaron asociaciones con χ^2 o Test Exacto de Fisher según el caso. Se calculó el OR para establecer los niveles de riesgo a un desenlace con relación a uso o no de corticoides.

Resultados: Se acopiaron datos de 167 pacientes. El sexo masculino tuvo una representación del 60%. La edad promedio global fue de 57.9±15.1 años. La estancia en UCI la estancia fue de 8.1 IC 7.3 – 8.7 días. El antecedente de mayor prevalencia fue la HTA, seguido de DM2. El 82% de los pacientes utilizaron Corticoides previos a la hospitalización, documentando una posible asociación con la mortalidad (1.15 IC 0.92 – 1.45). Al evaluar el uso de corticoides con respecto aparición de coinfección, hubo tendencia a padecerla con RR 1.5 IC 0.73 – 3.45.

Conclusión: Hay tendencia a padecer de super infecciones en pacientes con Covid 19 grave que usaron corticoides previos; teniendo en cuenta la naturaleza de nuestro estudio se deben realizar ensayos clínicos controlados para poder establecer una relación causa–efecto.

Palabras clave: SARS-Covid; Superinfecciones; SDRA; Corticoides; Mortalidad.

ABSTRACT

The SARS-CoV-2 pandemic has had a significant impact on the approach to critically ill patients. Many patients at the beginning of the pandemic were empirically treated, leading to the use of some therapies that were not fully evaluated for their impact on the development of other complications. This was the case with corticosteroids.

Objective: To evaluate the association between infections and superinfections in patients with severe SARS-CoV-2 and prior corticosteroid use among patients referred to an Intensive Care Unit (ICU) in a clinic in Pasto (NAR, CO) between april to august 2020.

Methods: An analytical study was conducted on patients who received corticosteroids before admission to the ICU for severe SARS-CoV-2 infection. Descriptive statistics were performed on the data collected in a Pasto ICU, and a summary of the data was generated. Associations were assessed using χ^2 or Fisher's exact test as appropriate. Odds ratios (OR) were calculated to establish the risk levels associated with corticosteroid use or non-use in relation to outcomes.

Results: Data from 167 patients were collected. Male gender accounted for 60% of the cases. The overall mean age was 57.9±15.1 years. The average length of stay in the ICU was 8.1 (CI 7.3 - 8.7) days. The most prevalent comorbidity was hypertension, followed by type 2 diabetes mellitus. Eighty-two percent of the patients had used corticosteroids prior to hospitalization, and this was associated with mortality (OR 1.15, CI 0.92 - 1.45). When evaluating the use of corticosteroids with respect to the appearance of coinfection, there was a tendency to suffer from it with RR 1.5 CI 0.73 – 3.45.

Conclusion: There is a tendency to suffer from super infections in patients with severe Covid 19 who used corticosteroids; taking into account the nature of our study, controlled clinical trials must be carried out in order to establish a cause-effect relationship.

Keywords: SARS-CoV-2; Superinfections; ARDS; Corticosteroids; Mortality.

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