

Complicaciones médicas e infecciosas del paciente con SARS-CoV-2 Hospitalizados en UCI durante el 2020

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RESUMEN

Antecedentes: La enfermedad por covid-19 tiene una presentación variable desde casos asintomáticos, hasta casos graves, una proporción de paciente presentan cuadros severos que requieren hospitalización en unidad de cuidados intensivos, esta proporción de paciente por lo general presentan edad avanzadas y consigo comorbilidades asociadas que predisponen a la presentación severa de la enfermedad en muchas ocasiones estos pacientes presentan complicaciones médicas e infecciosas durante su estancia hospitalaria lo que ensombrece el pronóstico y la evolución de los mismos con desenlaces en la mayoría de los casos fatal.

Objetivo: Caracterizar las complicaciones médicas e infecciosas del paciente con SARS-CoV-2 Hospitalizados en UCI en una IPS de Magangué (Bol, CO) durante el periodo comprendido entre el 1 de abril y 31 de diciembre del 2020.

Materiales y Métodos: Se realizó un estudio de corte retrospectivo, observacional, longitudinal y analítico. Se tomaron todos los pacientes que fueron remitidos a remitidos a la Unidad de Cuidado Intensivo positivos por RT-PCR. El periodo de estudio estuvo comprendido entre abril de 2020 a diciembre de 2020. Los datos acopiados se organizaron en la matriz de carga y se les realizó estadística descriptiva para caracterizar socio-demográficamente a la población en la Unidad de Cuidados Intensivos. Se halló la frecuencia a las variables y se le calculó la proporción de las complicaciones médicas asociadas al SARS-CoV-2 y complicaciones infecciosas de los pacientes en UCI.

Resultados: Se recolecto una población de 205 pacientes de los cuales se descartaron 93 por datos incompletos en la historia clínica, 57 no reportaron prueba RT-PCR, 17 por estar inmunosuprimidos, se analizaron en total los datos de 38 pacientes fueron remitidos la UCI. El 68% fueron hombres (p-valor: 0.0253). La edad promedio global fue de 66.6 ± 17.7 (hombres: 69.9 ± 17.1 ; mujeres: 59.3 ± 17.5 años), sin diferencia para la edad por sexo (W: 216.0; p-valor: 0.0614). La HTA fue la comorbilidad más frecuente (65,48%). La sintomatología asociada a la infección por SARS-CoV-2 en los ingresados a la UCI fueron la Disnea (89.5%), Fiebre (84%) y Tos NO productiva (81,6%). Se observó que los pacientes con ERC, DM2, Dislipidemias y ICC eran más sintomáticos, las complicaciones más frecuentes asociada a la infección por SARS-CoV2 fue el SDRA 89.5%, IAM 47.4%, insuficiencia renal aguda 39.5%, insuficiencia renal aguda y el shock, las complicaciones infecciosas la superinfección respiratoria, neumonía, infección de vías urinarias y bacteriemia.

Conclusiones: La edad sigue siendo un factor de riesgo determinante al momento de desarrollar manifestaciones graves de la enfermedad por Covid-19, la hipertensión arterial es la comorbilidad asociada seguido de la ICC, enfermedad pulmonar obstructiva crónica y la diabetes que está presente en este tipo de pacientes. Como se ha descrito en la literatura la enfermedad es de presentación clínica variable sin embargo en nuestro estudio la fiebre, la disnea y la tos seca son las manifestaciones clínicas más frecuentes independientemente de la edad, sexo y las comorbilidades asociadas, así mismo sin frecuentes las complicaciones médicas que desarrollan los pacientes con enfermedad grave siendo el SDRA las complicaciones que se presenta con mayor frecuencia así mismo las complicaciones infecciosas son entidades que se presentan con frecuencia en los pacientes graves con Covid-19 que ensombrecen su pronóstico.

Palabras clave: Covid-19; Complicaciones clínicas; Unidad de Cuidados Intensivos; sistema respiratorio; comorbilidades.

ABSTRACT

Background: The disease by covid-19 has a variable presentation from asymptomatic cases, to severe cases, a proportion of patients present severe conditions that require hospitalization in an intensive care unit, this proportion of patients usually present advanced age and associated comorbidities that predispose. Due to the severe presentation of the disease, these patients often present medical and infectious complications during their hospital stay, which overshadows their prognosis and evolution, with fatal outcomes in most cases.

Objective: To characterize the medical and infectious complications of the patient with SARS-CoV-2 Hospitalized in the ICU at an IPS in Magangué (Bol, CO) during the period between April 1 and December 31, 2020

Materials and Methods: A retrospective, observational, longitudinal and analytical study was carried out. All patients who were referred to the Intensive Care Unit positive by RT-PCR were taken. The study period was from April 2020 to December 2020. The data collected was organized in the load matrix and descriptive statistics were performed to characterize the population in the Intensive Care Unit socio-demographically. The frequency of the variables was found and the proportion of medical complications associated with SARS-CoV-2 and infectious complications of patients in the ICU was calculated. **Results:** Data from 38 patients who were referred to the ICU were analyzed. 68% were men (p-value: 0.0253). The overall mean age was 66.6 ± 17.7 (men: 69.9 ± 17.1 ; women: 59.3 ± 17.5 years), with no difference for age by sex (W: 216.0; p-value: 0.0614). Hypertension was the most frequent comorbidity (65.48%). The medical complications associated with SARS-CoV-2 infection hospitalized in the ICU were dyspnea (89.5%), fever (84%) and non-productive cough (81.6%). It was observed that patients with CKD, DM2, Dyslipidemia and CHF tended to have a higher number of complications.

Results: A population of 205 patients was collected, of which 93 were discarded due to incomplete data in the clinical history, 57 did not report RT-PCR test, 17 because they were immunosuppressed, the data of 38 patients were analyzed and referred to the ICU. 68% were men (p-value: 0.0253). The overall mean age was 66.6 ± 17.7 (men: 69.9 ± 17.1 ; women: 59.3 ± 17.5 years), with no difference for age by sex (W: 216.0; p-value: 0.0614). Hypertension was the most frequent comorbidity (65.48%). The symptoms associated with SARS-CoV-2 infection in those admitted to the ICU were dyspnea (89.5%), fever (84%) and non-productive cough (81.6%). It was observed that patients with CKD, DM2, Dyslipidemia and CHF were more symptomatic, the most frequent complications associated with SARS-CoV2 infection were ARDS 89.5%, AMI 47.4%, acute renal failure 39.5%, acute renal failure and shock, infectious complications, respiratory superinfection, pneumonia, urinary tract infection and bacteremia.

Conclusions: Age continues to be a determining risk factor when developing severe manifestations of Covid-19 disease, arterial hypertension is the associated comorbidity followed by CHF, chronic obstructive pulmonary disease and diabetes that is present in this type. of patients. As has been described in the literature, the disease has a variable clinical presentation; however, in our study, fever, dyspnea, and dry cough are the most frequent clinical manifestations regardless of age, sex, and associated comorbidities. medical complications that patients with severe disease develop, with ARDS being the complications that occur most frequently, likewise infectious complications are entities that frequently occur in seriously ill patients with Covid-19 that cast a shadow over their prognosis.

Keywords: Covid-19; clinical complications; Intensive care unit; respiratory system; comorbidities

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