resuscitation, 8 sessions of daily SLED hemodialysis were performed,continue with alternate day HD. After 14 days hospitalization, blood result showed increase of BUN 50 mg/dl, serum creatinine was 7.1 mg/dl, a metabolic acidosisf rom blood gas analysis then death occured after mechanical ventilator was used to improve respiratory failure. Amphetamines represent a class of psychotropic compounds, widely abused for their stimulant, euphoric, anorectic, and in some cases, emphathogenic, entactogenic, and hallucinogenic properties. Renal complication as result of AMPs use are associated with hyperpyrexia and fibrinolysis (disseminated intravascular coagulation; DIC). Also, microvascular obstruction secondary to DIC, myoglobinuria, systemic hypotension or hyperpyrexia may lead to acute renal failure which is generally presents as AKI, hyponatremia, and hypertension

Figure 1. Gross haematuria

Figure 2. Hypertermia patient

Conclusions: A 24-years-old man came with AKI due to amphetamine intoxication. Initial management was fluid and electrolyte resuscitation, and 13 sessions of HD. Deterioration of conditions and death occured due to multiorgan failure.

No conflict of interest

POS-047

INCIDENCE OF ACUTE KIDNEY INJURY IN A COVID-19 HOSPITAL IN THE NORTH OF MEXICO

Rizo Topete MD, L*[1], Arteaga, G[1], Camacho, A[2], Guerrero, E[1], Jose, F[1], Avila, J[1], Mata, L[2], Rangel, L[1]

[1]UANL, Hospital Universitario "Jose Eleuterio Gonzalez", Nephrology, Monterrey, Mexico, [2]UANL, Hospital Universitario "Jose Eleuterio Gonzalez", Infectology, Monterrey, Mexico

Introduction: During 2020 the COVID-19 pandemic has brought an immeasurable burden on hospitals end medical services worldwide. One of the most frequently involved organ is the kidney (2nd place) and acute kidney injury plays a key role for increasing morbidity and mortality. The time and the risk factors for AKI development are important for optimal and effective treatment. In our institution nephrologist are in the front line and first-hand information site every day with a multidisciplinary team.

Methods: Retrospective, observational and descriptive study of patients from March through June 2020 were included totaling 352 patients with the diagnosis of SARS-COV-2 pneumonia in the University Hospital "Dr. José Eleuterio González", with positive PCR test. The data were collected in retrospective with a submitted protocol to investigation department. No intervention was performance.

Results: Woman composed 51%. The most common age-group was 50-59 years (24%), followed by 40-49 (19%) and 60-69 (17%), with a total of 60% from 40 to 69 years. The most common comorbidities were diabetes, obesity and cardiovascular disease adding up for all 30%, although 16% had 2 or more comorbidities. Upon admission 33% presented with any stage of AKD; CKD in 41/352 (12%) and AKI in 76/352 (21%). About AKI, KDIGO 1 was the most common 55%, KDIGO 2 34% and KDIGO 3 11%. From KDIGO 1 16.6% developed KDIGO 3. A total 49 patients' required Kidney replacement therapy (KRT), from these 61.2% died before discharge. 20% of the patients were under continuous replacement therapy (CRRT). From 352 patients only 163 patients had a urinalysis at hospital admission , 64.4% had proteinuria and 43.5% had haematuria. All patients with hematuria had AKI, 68% KDIGO 1 and 29% KDIGO 3. 25% of KDIGO 1 subsequently developed KDIGO 3. From all the patients without haematuria only 11% develop AKI and the majority were KDIGO 1. Need of respiratory support (supplementary oxygen, mask, high flow Oxygen and invasive mechanical ventilation) were required for 179 patients from these 24% required mechanical ventilation and 46% of them develop AKI KDIGO 3 with KRT.

Conclusions: AKI is frequent in patients with COVID-19 pneumonia, KDIGO 1 is the most common presentation. Patients with hematuria at admission have a greater tendency to develop AKI. Patients with mechanical ventilation have greater risk to develop KDIGO 3 and also needs kidney replacement therapy. The urinalysis could be very useful as well as the collaborative work, and both cases the initial performance should be encourage. The absence of haematuria could be a good prognosis factor for AKI development but more data is need it.

No conflict of interest

POS-048

RENAL RECOVERY FROM ACUTE KIDNEY DISEASE SECONDARY OF COVID-19 PNEUMONIA WITH CONTINUOUS RENAL REPLACEMENT THERAPY AND TRANSITIONAL HYBRID THERAPY, A SUCCESS CASE REPORT

Rizo Topete MD, L*[1], Romero, P[1], Arriaga, H[1], Arriaga, G[1]

[1]UANL, Hospital Universitario "Jose Eleuterio Gonzalez", Nephrology, Monterrey, Mexico