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1890 - EVOLUCIÓN CLÍNICA, ANALÍTICA Y RADIOLÓGICA DE LOS PACIENTES INGRESADOS POR SARS-COV-2 A LOS 3 MESES DEL ALTA HOSPITALARIA

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Resumen

Objetivos: Analizar la evolución clínica, analítica y radiológica a los 3 meses del ingreso hospitalario por infección por SARS-CoV-2 en pacientes no inmunizados previamente contra el COVID-19, según el tratamiento administrado.

Métodos: Estudio de cohortes unicéntrico, obteniendo información entre junio 2020 y enero 2021 de los supervivientes ingresados por infección por SARS-CoV-2 que acuden a la visita de seguimiento a los 3 meses desde el alta hospitalaria. Se incluyeron los pacientes que cumplían los criterios y otorgaron su consentimiento verbal, registrado en su historia clínica. El estudio fue aprobado por el comité ético de investigación clínica de nuestro centro. La recogida de datos se realizó retrospectivamente, obteniendo datos clínicos, radiológicos, analíticos y terapéuticos previos, durante y posteriores al ingreso.

Resultados: Se han obtenido resultados de 858 pacientes. La media de edad muestral es de 60,26 años [20-94 años], siendo el 39,81% mujeres y el 60,19%, hombres. El 6,60% es personal sanitario. El 47,67% refería conocer exposición a SARS-CoV-2 previa a su infección. Durante el ingreso, los pacientes recibieron tratamiento farmacológico con corticoides (70,33%), remdesivir (12,44%) y tocilizumab (15,31%). Del total, se asociaron dexametasona y remdesivir en el 10,29%, dexametasona y tocilizumab en el 15,07%, remdesivir y dexametasona en el 2,39% y los tres fármacos en el 2,39%. Fueron visitados a los 102 días de promedio desde el alta, refiriendo un estado de salud subjetivo de 4,18 puntos [1-5]. La sintomatología persistente más frecuente fue la astenia (41,26%) y la disnea (30,89%). Otros síntomas fueron alopecia (15,03%), alteraciones sensitivas (14,8%), artromialgias (14,69%), cefalea (10,72%), anosmia (10,02%), alteraciones visuales (8,74%), disgeneusia (8,74%), tos seca (8,04%), anorexia (6,29%), odinofagia (5,24%), tos con expectoración (2,91%), diarreas (2,56%), dolor abdominal (1,98%) y náuseas (0,70%). Un 43,36% refería pérdida de peso (con promedio de 3,26 Kg) y un 0,58%, fiebre persistente. Los pacientes que recibieron corticoides presentaron astenia y disnea persistente en el 2,79% y 21,79%, respectivamente. En el caso de remdesivir fueron el 0,93% y 4,90%, y con tocilizumab 1,05% y 6,18%. La sintomatología secundaria mejoró en un 60% en aquellos que recibieron corticoides, remdesivir y/o tocilizumab. Hubo mejoría radiológica en el 94,27% del total, aunque en el 7,99% persistía un infiltrado intersticial y en el 1,73% consolidación. Se vio una mejoría radiológica por usar corticoides en 4 pacientes y remdesivir en 2. Analíticamente, mostraban 1,01 g/dL de

gammaglobulinas de media [valores normales 0,8-1,4 g/dL] y 2.194,32 linfocitos/μL [valores normales: 4.000-10.000] y en el 98,60% se observaron anticuerpos antinucleocápside para SARS-CoV-2 positivos. Del total de 630 pacientes que recibieron algún tratamiento específico, el 12,70% presentaban hipogammaglobulinemia y el 73,20% linfopenia. De los que solo recibieron tratamiento sintomático, el 10,96% tenía hipogammaglobulinemia y el 26,80% linfopenia.

TRATAMIENTO FARMACOLÓGICO DURANTE EL INGRESO HOSPITALARIO		
Fármaco/s	**Número de personas que recibieron el tratamiento**	**Porcentaje sobre el total de la muestra**
Corticoides (+/- otros fármacos)	588	70,33%
Remdesivir (+/- otros fármacos)	104	12,44%
Tocilizumab(+/- otros fármacos)	128	15,31%
Corticoides + Remdesivir	86	10,29%
Corticoides + Tocilizumab	126	15,07%
Remdesivir + Tocilizumab	20	2,39%
Corticoides + Remdesivir + Tocilizumab	20	2,39%
Sólo corticoides	396	47,37%
Sólo remdesivir	18	2,15%
Sólo tocilizumab	106	12,68%
Antibioticoterapia	32	3,73%

Conclusiones: Los pacientes que recibieron algún tratamiento específico mostraron una clara mejoría clínica. Puede existir una relación entre su uso y linfopenia, sin evidenciarse cambios considerables en los niveles de gammaglobulinas. No hay grandes diferencias radiológicas según el tratamiento usado en este estudio. El mayor impacto terapéutico consiste en la mejoría sintomática, que no siempre va acompañado de una mejora analítica y radiológica proporcional.

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