

137. Blood Coagulopathy in Patients With COVID19 Infection

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Background: In some studies have shown that the change of coagulopathy in the patients with COVID19 are more likely to develop venous thrombosis, pulmonary thromboembolism, and disseminated intravascular coagulation. The thrombocytosis, PT changes, aPTT prolongation, fibrinogen, D-dimer, and CRP changes are observed in the patient with COVID19 infection. Therefore, we study the changes of coagulopathy in hospitalized patients with COVID19 infection.

Methods: COVID19 infected patients with a hospital-based cross-sectional design, 96 patients included in the study. The blood test, coagulation, fibrinogen, D-dimer, and CRP of patients with COVID19 were analyzed using the statistic software.

Results: The mean age of the patients aged 36–86 years was 58 ± 12 years. The mean number of hospitalized beds per patient was 17 ± 9 days. These patients had a 4.2% (n = 4) lower deep vein thrombosis, 3.1% (n=3) pulmonary thromboembolism, 1% (n=1) stroke, 1% (n=1) acute myocardial infection, and 2.05% (n=2) gastrointestinal bleeding. Subsequently, 9.3% (n=9) of thrombosis complications and 3.1% (n=3) of bleeding complications occurred in patients with COVID19 infection. The patient had a thrombocyte $191 \pm 43 \times 10^9/L$ (thrombocytopenia $<125/L$ - 23%), PT 13.1 ± 1.8 sec (PT prolonged >13 sec - 48%), aPTT 30.4 ± 2.3 sec (aPTT prolonged >32.5 sec - 21%), fibrinogen 4.1 ± 0.9 g/L (high fibrinogen >4 g/L - 54%), D-dimer 1.08 mg/L (high D-dimer >0.55 mg/L - 59%), CRP 29.3 ± 11.5 mg/L (high CRP >10 mg/L - 92%).

Conclusion: COVID19 infection leads to changes in coagulopathy, which is one of the factors contributing to the development of thrombosis.

Clinical Implications: We study will help prevention thrombosis of COVID19 infection that the patient with COVID19 infection were occurred the deep venous thrombosis, pulmonary embolism, and disseminated intravascular coagulation.