

# HEMOPERFUSION IN ERC5D PATIENT WITH SEPSIS PICTURE DUE TO ACUTE INTERSTITIAL PNEUMONIA SECONDARY TO SARS COV 2 (COVID 19) INFECTION

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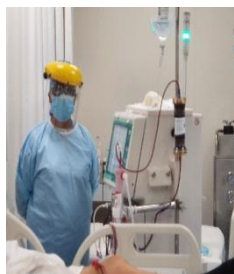
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**OBJECTIVE:** evaluate the impact of haemoperfusion in SIRS secondary to secondary sepsis SARS COV2



**METHOD:** A case of a 66-year-old CKD5D woman is reported secondary to diabetic nephropathy presenting with symptoms of acute respiratory failure associated with fever and SIRS with rapid IgM (+) test for COVID 19 and tomographic findings compatible with atypical interstitial pneumonia. SCORE APACHE II and SOFA are calculated, establishing criteria for sepsis and mortality of around 15%. It was decided to undergo conventional hemodialysis therapy with a polyethersulfone (PES) filter plus hemoperfusion with a HA330 Disposable Hepmoperfusion Cartridge filter.

**RESULTS:** : Baseline values: ECG: 10 / 15pts, APACHE II 18 pts, SOFA 6, **PaFiO2**: 240 mmHg, procalcitonin 10ng / ml, **CRP** 3.1mg / L, leukocytes 9290 cells / mm<sup>3</sup>. The patient received only 2 hemoperfusion sessions applied on consecutive days, each lasting 3 hours, after which the following were observed: ECG: 13/15 pts, APACHE II 16, SOFA 5, **PaFiO2**: 342 mmHg, **procalcitonin** 0.3ng / ml , **CRP** 0.1mg / L, leukocytes 5200 cells / mm<sup>3</sup>



**CONCLUSION:** There was clinical and laboratory improvement after the application of the haemoperfusion sessions, which suggests that their use benefits the evolution and prognosis of septic symptoms secondary to atypical respiratory infection.