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POSTER BİLDİRİLER

PS - 007 COPEPTIN AS A MARKER OF COVID-19 SEVERITY: EVIDENCE FORM META-ANALYSIS

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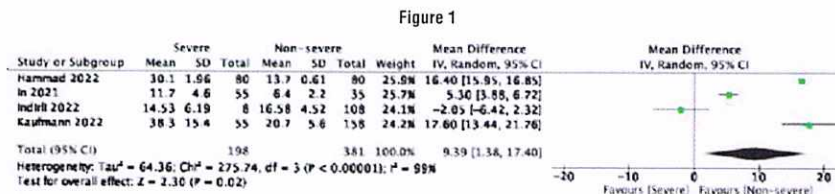
OBJECTIVE: The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that causes the coronavirus disease 2019 (COVID-19) has spread globally and killed millions of people. The use of biomarkers in diagnosis, risk assessment, and medical decision-making is common. Mortality has been linked to markers of organ failure, coagulation, and inflammation in COVID-19 hospitalized patients. Identifying which patients are likely to pass away can help with early therapy intensification and closer monitoring. Additionally, research into novel biomarkers may provide fresh insights into the pathogenesis of COVID-19 and its consequences. Copeptin is the C-terminal peptide formed when pre-pro-arginine vasopressin is degraded. In reaction to a number of stimuli, including stress, it is released from the posterior pituitary into the bloodstream. Copeptin has been shown to have prognostic and, in some circumstances, diagnostic significance in the treatment of critical diseases such as sepsis, septic shock, community-acquired and ventilator-associated pneumonia. For this very reason we aimed to investigate the association between copeptin levels and COVID-19 severity.

METHODS: This meta-analysis was reported in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement. The Scopus, Web of Science, PubMed, Embase, Cochrane Library databases were searched to identify studies published between January 1 2020 and September 10th, 2022 that assayed copeptin levels in COVID-19 patients. The keywords were: "copeptin" AND "COVID-19" OR "Corona Virus Disease 2019" OR "novel coronavirus" OR "SARS-CoV-2". Review manager (Revman version 5.4, The Cochrane Collaboration, The Nordic Cochrane Centre, Copenhagen, Denmark) was used to provide pooled estimates for mean difference (MD) with 95% confidence intervals.

RESULTS: A total of 579 patients were pooled from 4 studies. Pooled analysis of four trials showed that mean copeptin level in severe group was 26.64 ± 13.59 ng/mL compared to 16.75 ± 6.13 ng/mL in non-severe group (MD = 9.39; 95%CI: 1.38 to 17.40; p=0.02). Additionally, one trial (Indirli et al. 2022) reported copeptin levels among patients with COVID-19 who survived vs. died. Copeptin levels among this groups were 13.25 ± 3.23 vs. 44.65 ± 26.92 ng/mL, respectively (MD = -31.40; 95%CI: -42.93 to -19.87; p<0.001).

CONCLUSIONS: Severe COVID-19 is associated with higher levels of copeptin than a non-severe disease, so tracking these markers may allow early identification or even prediction of disease progression.

KEYWORDS: copeptin, SARS-CoV-2, COVID-19, severity, meta-analysis



Forest plot of copeptin levels among COVID-19 patients in severe vs. non-severe groups. The center of each square represents the mean differences for individual trials, and the corresponding horizontal line stands for a 95% confidence interval. The diamonds represent pooled results.

PS - 008 A CASE REPORT OF SINKING WITHOUT SEQUELAE

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AIM: In our country, which is surrounded by sea on three sides, accidental sinking is very common. With this case report, we aimed to draw attention to the issue of sinking in water.

CASE: A 14-year-old male patient's, who was brought to the emergency department by the 112 emergency ambulance team due to immersion in water after falling into a pond, GCS was 13, a heart rate was 83 beats/min, a body temperature was 36.2°C, a respiratory rate was of 40/min, and a SpO₂ was 86%. As a result of the thorax computed tomography of the patient with bilateral rhonchi, diffuse patchy ground-glass areas with centrally located localization were observed in all lobes and segments of the bilateral lung parenchyma. Since the findings were compatible with pulmonary edema in the patient with a history of sinking, the patient was followed up in the intensive care unit for 24 hours. The patient was discharged from the service on the 3rd day without any sequelae, with the patient's vitals stable, improvement in blood tests, and lack of oxygen need.

CONCLUSION: In cases of sinking, most victims die at the scene or in emergency department before they reach the hospital. It should be kept in mind by emergency physicians that sinking cases can be healed without sequelae with early intervention.

KEYWORDS: emergency department, children, pulmonary edema, sinking

Figure 1

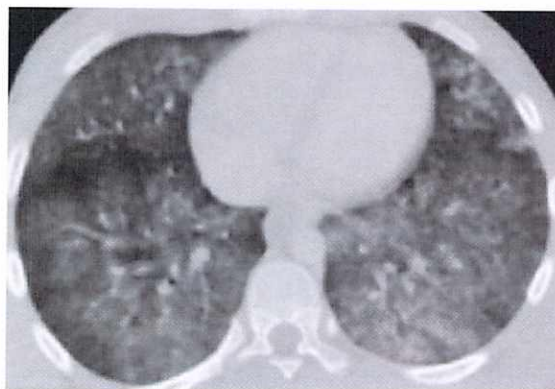


Figure 1: 14-year-old male patient. In the axial CT image obtained in the parenchymal window, widespread increased alveolar density and diffuse pulmonary edema in both lungs are observed.