

## Covid-19 crisis, HUS related anuric AKI management with acute peritoneal dialysis

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### Abstract

There is increasing recognition and understanding of the link between COVID-19 and microvascular injury. The pathophysiology and phenotype resembles complement mediated thrombotic microangiopathies (TMA) and can mimic thrombotic thrombocytopenic purpura (TTP) and haemolytic uraemic syndrome (HUS). We describe a patient who presented with multi-organ failure and biological markers consistent with TMA. There were diagnostic difficulties and prognostic uncertainties. We present this case to generate further discussion and recognition of complicated disease process associated with this novel viral pandemic.

A 53 year old female presented to the Emergency Department with acute confusion, hypoxia and history of COVID-19 exposure.

On initial assessment she was moribund, combative and restless, hypotensive, hypoxic, acidotic and had significant electrolyte disturbance.

She was admitted to the intensive care unit with toxic

confusional state, multi-organ dysfunction and pneumonitis. She was ventilated, commenced on inotropes and given antibiotics. Multidisciplinary team approach was planned from the start. TTP was suspected due to falling Hb and features of microangiopathic haemolytic anaemia (MAHA) with cerebral involvement. Later on she proved to be COVID-19 positive.

She remained anuric with rising renal profile necessitating renal replacement therapy.

Disseminated intravascular coagulopathy screen negative.

### Biography

Dr. Akbar Mehmood is working as renal consultant at Bradford Teaching Hospital Trust. NHS, UK.