

CHAGAS DISEASE AND SARS-COV-2 COINFECTION DOES NOT LEAD TO WORSE IN-HOSPITAL OUTCOMES

Publicado em: Scientific Reports volume 11, Article number: 20289 (2021)

DOI: <https://doi.org/10.1038/s41598-021-96825-3>

Autores: Israel Molina, Milena Soriano Marcolino, Magda Carvalho Pires, Lucas Emanuel Ferreira Ramos, Rafael Tavares Silva, Milton Henriques Guimarães-Júnior, Isaias José Ramos de Oliveira, Rafael Lima Rodrigues de Carvalho, Aline Gabrielle Sousa Nunes, Ana Lara Rodrigues Monteiro de Barros, Ana Luiza Bahia Alves Scotton, Angélica Aparecida Coelho Madureira, Bárbara Lopes Farace, Cíntia Alcantara de Carvalho, **Fernanda d’Athayde Rodrigues**, **Fernando Anschau**, Fernando Antonio Botoni, Guilherme Fagundes Nascimento, Helena Duani, Henrique Cerqueira Guimarães, Joice Coutinho de Alvarenga, Leila Beltrami Moreira, Liege Barella Zandoná, Luana Fonseca de Almeida, Luana Martins Oliveira, **Luciane Kopittke**, Luís César de Castro, Luisa Elem Almeida Santos, Máderson Alvares de Souza Cabral, Maria Angélica Pires Ferreira, Natália da Cunha Severino Sampaio, Neimy Ramos de Oliveira, Pedro Ledic Assaf, Sofia Jarjour Tavares Starling Lopes, Tatiani Oliveira Fereguetti, **Veridiana Baldo dos Santos**, Victor Eliel Bastos de Carvalho, Yuri Carlotto Ramires, Antonio Luiz Pinho Ribeiro, Freddy Antonio Brito Moscoso, Rogério Moura, Carísi Anne Polanczyk & Maria do Carmo Pereira Nunes.

Resumo: Chagas disease (CD) continues to be a major public health burden in Latin America. Information on the interplay between COVID-19 and CD is lacking. Our aim was to assess clinical characteristics and in-hospital outcomes of patients with CD and COVID-19, and to compare it to non-CD patients. Consecutive patients with confirmed COVID-19 were included from March to September 2020. Genetic matching for sex, age, hypertension, diabetes mellitus and hospital was performed in a 4:1 ratio. Of the 7018 patients who had confirmed COVID-19, 31 patients with CD and 124 matched controls were included (median age 72 (64–80) years-old, 44.5% were male). At baseline, heart failure (25.8% vs. 9.7%) and atrial fibrillation (29.0% vs. 5.6%) were more frequent in CD patients than in the controls ($p < 0.05$). C-reactive protein levels were lower in CD patients compared with the controls (55.5 [35.7, 85.0] vs. 94.3 [50.7, 167.5] mg/dL). In-hospital management, outcomes and complications were similar between the groups. In this large Brazilian COVID-19 Registry, CD patients had a higher prevalence of atrial fibrillation and chronic heart failure compared with non-CD controls, with no differences in-hospital outcomes. The lower C-reactive protein levels in CD patients require further investigation.

<https://www.nature.com/articles/s41598-021-96825-3>