

HYPOTHYROIDISM DOES NOT LEAD TO WORSE PROGNOSIS IN COVID-19: FINDINGS FROM THE BRAZILIAN COVID-19 REGISTRY

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Resumo: Background: It is not clear whether previous thyroid diseases influence the course and outcomes of COVID-19. Methods: The study is a part of a multicentric cohort of patients with confirmed COVID-19 diagnosis from 37 hospitals. Matching for age, sex, number of comorbidities, and hospital was performed for the paired analysis. Results: Of 7,762 patients with COVID-19, 526 had previously diagnosed hypothyroidism and 526 were matched controls. The median age was 70 years, and 68.3% were females. The prevalence of comorbidities was similar, except for coronary and chronic kidney diseases that were higher in the hypothyroidism group ($p=0.015$ and $p=0.001$). D-dimer levels were lower in patients with hypothyroid ($p=0.037$). In-hospital management was similar, but hospital length-of-stay ($p=0.029$) and mechanical ventilation requirement ($p=0.006$) were lower for patients with hypothyroidism. There was a trend of lower in-hospital mortality in patients with hypothyroidism (22.1% vs 27.0%; $p=0.062$). Conclusion: Patients with hypothyroidism had a lower requirement of mechanical ventilation and showed a trend of lower in-hospital mortality. Therefore, hypothyroidism does not seem to be associated with a worse prognosis.

Keywords: COVID-19; Epidemiology; Hypothyroidism; Mortality; Prognosis.

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