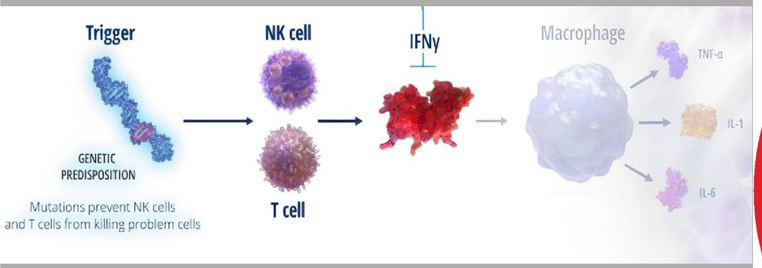
SOHO ANNUAL MEETING 2024



Hemophagocytic Lymphohistiocytosis in Covid 19:

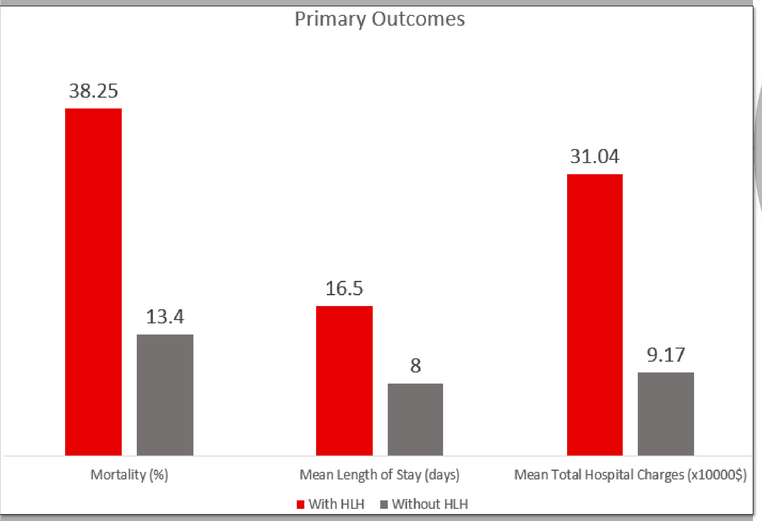
Retrospective Analysis of Risks, Outcomes, and Healthcare Burden



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HLH leads to higher death rates, longer hospital stays, and increased healthcare costs among COVID-19 patients.



INTRODUCTION

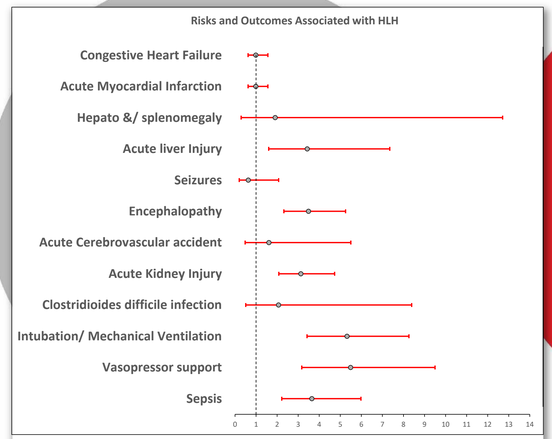
Hemophagocytic Lymphohistiocytosis (HLH) is a critical hyperinflammatory syndrome yet lacks comprehensive data on clinical and economic outcomes; our study addresses this gap using the National Inpatient Sample (NIS) database.

METHOD

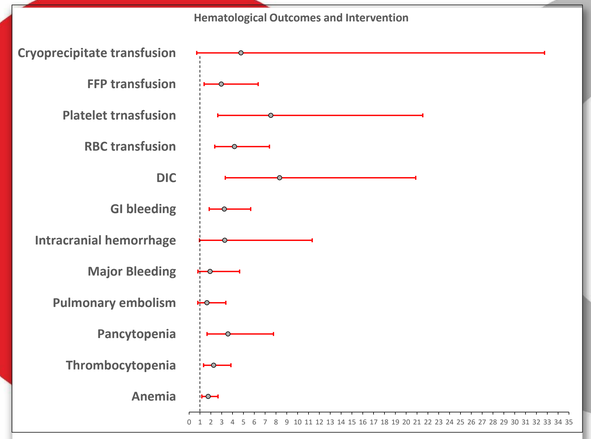
Data Extraction:
- National Inpatient Sample January to December 2020.
- N= 331,808

Categorization:
- With HLH: n=149
- Rest without HLH.

Outcomes:
- Primary: Mortality, Length of stay, Total Hospital Charge.
- Secondary: Complications, Associations, Interventions.



HLH patients had a greater risk of encountering sepsis, requiring vasopressor, and needing intubation / mechanical ventilation.



Patients with HLH are more likely to have pancytopenia, bleeding disorders, blood clots, and gastrointestinal bleeding, leading to a greater need for blood transfusions.

DEMOGRAPHIC OBSERVATION

HLH patients were generally younger, more likely to be male, and diagnosed in large urban teaching hospitals, emphasizing the need for increased awareness and diagnostic tools, like the H-score, particularly in smaller facilities.

LIMITATIONS

The NIS database covers hospitalizations but lacks pre-admission and post-discharge data, limiting long-term follow-up.
Our findings are associative, with possible duplication from readmissions and selection bias due to retrospective analysis.