& BACKGROUND

1/3 of patients admitted to internal medicine wards have multiple chronic comorbidities.

Polypathy criteria identify complex multimorbidity. PROFUND prognostic index has been validated in these patients.

Methods. Observational study. Two cohorts of polypathological patients discharged from an internal medicine department.

- Prepandemic: 1st quarter 2017-9
- Pandemic: 1st quarter 2020

Age, sex, and PROFUND were registered.

Vital status was retrieved at 3, 6, 12 months

Post-hospital mortality of polypathological patients in COVID-19 pandemic

Pandemic increased post-hospital mortality of polypathological patients

Discharge from the hospital in 1st quarter of the year

PROFUND index >10 Age (1 year) Male sex PANDEMIC cohort

6 month accumulated risk of death (adjusted by PROFUND index>10, age, sex)

Pandemic increased 63% risk of 6-month post-hospital accumulated death in polypathological patients

No differences found at 3 or 12 months
Registry of Cardiac Amyloidosis in Heart Failure (REGAMIC)

Inclusion criteria
- Age ≥ 18 years-old
- HF diagnosis (ESC 2021 Guidelines)
- Internal Medicine: inpatients or outpatients
- LVEF: any value
- LVH: septum or posterior wall ≥ 12 mm
- Well-founded clinical suspicion of Cardiac Amyloidosis (ESC position statement 2021)
- Elevated natriuretic peptides
- Informed consent

Inclusion visit
- HF-related variables
- Comorbidities
- Functional/cognitive status
- Amyloidosis specific data
- Basic laboratory tests
- Complementary procedures
- Cardiac scintigraphy: 99mTc-DPD/PYP/HMDP
- Serum FLCs and serum and urine IFE

Two-year follow-up visit
- If ATTR suspected: Study of TTR gene mutations

Clinical, electrocardiographic, echocardiographic and follow-up data in both groups will be compared.

Follow-up events
- Vital status and causes of death
- Admissions for HF and other causes
- ED visits for HF and other causes

ATTR: Transthyretin amyloidosis; ED: Emergency Departments; ESC: European Society of Cardiology; FLCs: free light chains; HF: heart failure; IFE: immunofixation electrophoresis; LVEF: left ventricular ejection fraction; LVH: left ventricular hypertrophy; NYHA: New York Heart Association; TTR: transthyretin; 99mTc-DPD/PYP/HMDP: 99mTechnetium-3,3-diprophosphate-1,2-propanedicarboxylic acid / pyrophosphate / hydroxymethylene diphosphonate.
Evidence of the usefulness of VEXUS score in the diagnosis and treatment of cardiorenal syndrome: a narrative review.

Cardiorenal Syndrome

VExUS Score

Methodology
Search: systematic reviews, meta-analyses, observational studies, original studies, articles on evidence-based medicine sites in English and Spanish

Sources: Pubmed, Cochrane Library, Google scholar

Keywords: “VEXUS score”, “Point-of-care ultrasound”, “Venous Excess Ultrasound Score”, “Acute kidney injury”, “cardiorenal syndrome”, “renal failure”, “Congestive heart failure”

Results:
43 articles
13 included for revision

1. In the literature there is considerable evidence of VEXUS in cohorts of post-surgical patients

2. It is necessary to generate evidence to know if this score could be useful to manage, assess and adjust the treatment of our main cohort of patients

3. Would the modification of the original VEXUS protocol make it valid for the majority of the patients that we observe in our daily practice?