Background: Sarcopenia is associated with increased risk of falls, increased mortality (1), requiring ICU care. The cohort consisted of 71% male patients, with a median age 57±12 years vs twenty-two patients with moderate disease (no case, p=0.04). On the other hand, patients recovered from severe SARS-CoV-2 infection also showed higher rate of angiotensin (1.3±0.4) than patients with mild-moderate disease (0.8±0.5, p=0.05). In particular, recovered patients who had more severe COVID-19 showed less microhemorrhages than patients with mild/moderate disease (0.18±0.4 vs 0.36±0.5), but this didn’t reach the statistical significance (p=0.18). On the other hand, patients recovered from severe SARS-CoV-2 infection also showed higher rate of angiogenesis (1.6±0.6, p=0.05). Therefore, recovered patients who had more severe COVID-19 showed less microhemorrhages and angiogenesis than patients with mild-moderate disease. However, there was no significant difference concerning cardio-pulmonary evaluations between these two groups.

Conclusion: We here highlighted a sarcopenia prevalence at 3 and 6 months following a hospitalization for COVID-19 of 13% and 3% respectively, occurring mainly in patients with comorbidities. Sarcopenia was not associated to worse cardio-pulmonary results in comparison with non-sarcopenic patients.

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