

8.11 Pulmonary embolism rates during different variants of SARS Cov2 an Irish tertiary hospital experience”

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Introduction: Variants of SARS CoV2 has been well reported. Reports suggest, compared to non-SARS CoV2 critically ill patients, a positive SARS CoV2 diagnosis confers an increased risk of pulmonary emboli (PE). Little exists on whether variations in SARS CoV2 confers a change in rates of PE. **Aim:** Perform a retrospective cohort inpatient review at an Irish tertiary hospital with SARS CoV2 and the rates of PEs during different peak variant timelines. **Method:** Two data points identified, January 2021- June 2021 (Point A), predominantly Alpha and Beta, and December 2021-January 2022 (Point B), Delta and Omicron in Ireland. Inpatients >18 years with a positive nasopharyngeal swab for SARS CoV2 were included. **Results:** 640 patients were identified, 510 in Point A and 130 in Point B with 34 confirmed PEs, (5.3%). 308 were of clinical concern, with a positivity rate of 11%. In Point A, 258 were of clinical concern for PE, and 26 were positive, (9%). In Point B, 50 were of clinical concern for PE and 8 were positive, (16%). Greater rates of positive cases in Point B, Delta and Omicron predominant, were seen, a predominantly more severe or infectious variant respectively. **Conclusion:** Little discussion exists on if variations in severity and or infectivity of SARS CoV2 confers an increased risk of PEs. Our data suggest, there may be an increased rate of PEs depending on the variant type of SARS CoV2.

Conflict of Interest: None to declare