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Platelet to lymphocyte ratio as a tool for determining the severity of SARS-CoV-2 infection among hospitalized patients

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There are several markers used for determining SARS-CoV-2 disease severity and evolution. Recent studies highlighted the Platelet to Lymphocyte Ratio (PLR) as a tool for assessing the risk of progression to severe disease. Higher median PLR values were found among patients exhibiting dyspnea (225 vs. 185 in the case of patients without it, $p=0.003$), among patients presenting polypnea (232 vs. 197 among those without it, $p=0.001$), as well as among patients requiring antibiotic

The aim of our study was to evaluate the PLR together with SARS-CoV-2 associated clinical, biological and imagistic markers and to determine its value in assessing the infection severity. The presence of symptoms ($p=0.7$), obesity ($p=0.44$), asthenia ($p=0.37$), liver cytolysis during the admission ($p=0.709$) and high

Positive SARS-CoV-2 adult patients hospitalized in INBI were enrolled in the study. PLR, clinical parameters (clinical disease, dyspnea etc.), **biological parameters** (KHPRJUDP LQ PLRP and liver markers, liver injury marker enzymes etc.) as well as **imaging parameters** (CT pneumonia pattern) were evaluated. **SARS-CoV-2** disease severity and could therefore be readily used as a tool for determining the severity of **SARS-CoV-2** infection

395 patients were enrolled in the study, among which 147 women (AA: 61.3 ± 14.1 years) and 248 men (AA: 65.49 ± 14.8 years). 7KH PHGLDQ RI WKH 3/5 YDOXH V ZDV B0gr0ny, FDQWO\ KLJKHU LQ WKH F0VHV, of patients requiring oxygen supplementation upon admission (178 vs. 232 among those without, $p=0.000$), patients having severe clinical disease (248 vs. 186 among those with mild disease, $p=0.000$), as well as among patients with severe chest CT lung abnormalities (271 vs. 218 among those presenting moderate chest CT lung abnormalities and 154 for those with mild abnormalities, $p=0.000$).