

GUIDELINES FOR THE 1ST INTERNATIONAL CONFERENCE ON CARDIOVASCULAR AND QUALITY OF LIFE 2024 (iConCiQ 2024)

A. ABSTRACT GUIDELINES

Abstract Format

Title: Thromboelastography Parameter and Its Association with Survival of COVID-19 Patients: A Retrospective Cross-Sectional Study

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Abstract

The abstract should be written in Arial font, single-line spacing, and **MUST be less than 300 words**. The abstract should be organized into subsections, including Introduction, Methods, Results, and Conclusion. Margins for left, right, top and bottom should be 2.54 cm (1 inch).

Size of the font:

- Title: 14.0 point
- Authors list: 12.0 point
- Affiliations: 10.5 point
- Corresponding author's email: 10.5 point
- The main text of abstract: 12.0 point
- Keywords: 12.0 point

Keywords

Provide up to 5 keywords, each with the first word capitalized and separated by commas. Keyword one, Keyword two, Keyword three, Keyword four, Keyword five

Abstract Example

Thromboelastography Parameter and Its Association with Survival of COVID-19 Patients: A Retrospective Cross-Sectional Study

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Introduction: Coagulopathy associated with Coronavirus disease 2019 (COVID-19) may cause life-threatening complications, especially in severe or critically ill COVID-19 patients. Thromboelastography (TEG) is an effective, dynamic, and reliable test to assess the complete coagulation process. This study aimed to determine the association between selected TEG parameters and survival in COVID-19 patients. **Methods:** This study was a retrospective observational study using data from medical records of COVID-19 patients who were hospitalized in Dr. Soetomo Hospital, Surabaya, Indonesia. There were 94 COVID-19 patients consisting of 76 survivors and 18 non-survivors. The association between TEG results and certain TEG parameters with survival status was considered significant if the $p\text{-value} \leq 0.05$. **Results:** Increased coagulation activity had a significant association with the survival status of COVID-19 patients ($p=0.04$). There were no significant differences in all TEG parameters between COVID-19 patients who survived and those who did not survive ($p>0.05$). Based on the TEG analysis tree, the most TEG results found were secondary fibrinolysis (21.3%) and fibrinolytic shutdown (24.5%). No significant association was found between the coagulability and fibrinolysis abnormality with the survival status in COVID-19 patients ($p>0.05$). **Conclusion:** There was no significant difference in TEG results between COVID-19 survivors and non-survivors. However, based on the TEG result, an increase in coagulation activity is associated with a lower survival rate. Further study with detailed timing of TEG examination, disease severity and comorbidities stratification in COVID-19 patients may be needed.

Keywords: COVID-19, Hypercoagulability, Thromboelastography, Fibrinolysis, Survival