



Correlation analysis of peripheral blood composite inflammatory indices in differentiating SARS-CoV-2 infected patients with and without pneumonia. Wei-Shan Liao¹ > Hueng-Chuen Fan²

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BACKGROUND

With the emergence of various SARS-CoV-2 variants, the clinical manifestations of COVID-19 have become increasingly diverse. This study aimed to investigate whether peripheral blood composite inflammatory indices—namely the neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), monocyte-to-lymphocyte ratio (MLR), C-reactive protein-to-lymphocyte ratio (CLR), eosinophil-to-lymphocyte ratio (ELR), systemic inflammation response index (SII), systemic inflammation response index (SIRI), aggregate index of systemic inflammation (AISI), and multi-inflammatory index (MII)—can distinguish between patients with and without pneumonia in confirmed COVID-19 cases.

METHODS

This retrospective study enrolled hospitalized COVID-19 patients diagnosed via positive RT-PCR from nasopharyngeal swabs in the emergency department between January 1 and June 30, 2022. Laboratory data were used to calculate blood composite inflammatory indices including NLR, PLR, MLR, CLR, ELR, SII, SIRI, AISI, and MII, derived from complete blood count parameters. Receiver operating characteristic (ROC) curve analysis was performed to evaluate the ability of each index to discriminate between pneumonic and non-pneumonic cases.

RESULTS

A total of 287 patients were enrolled in this study, among whom 162 (56.4%) were diagnosed with pneumonia based on chest radiography and computed tomography findings. Compared to the non-pneumonic group, the pneumonic group had significantly higher levels of NLR, PLR, MLR, CLR, SII, SIRI, AISI, and MII (P < 0.05, Table 1). ROC curve analysis revealed that NLR (AUC = 0.710, sensitivity = 85.8%, specificity = 50.4%), SIRI (AUC = 0.705, sensitivity = 73.5%, specificity = 64.0%), CLR (AUC = 0.702, sensitivity = 85.8%, specificity = 46.4%), SII (AUC = 0.701, sensitivity = 70.4%, specificity = 64.8%), and MII (AUC = 0.701, sensitivity = 72.8%, specificity = 57.6%) were effective in differentiating patients with pneumonia from those without (Fig 1, Table 2).

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Laboratory examinations	N=162	N=125	P avalue	
Age	82(72-89)	67(29-83)	< 0.001	
Gender, male/female	99/63	74/51	0.79^{b}	
WBC($\times 10^3/\mu$ L)	8(6.03-10.8)	7(5-9.9)	0.016	
Neutrophil($\times 10^3/\mu$ L)	5.9(4.2-8.96)	4.48(3.06-6.83)	< 0.001	
Lymphocyte($\times 10^3/\mu$ L)	1.04(0.68-1.58)	1.5(0.91-2.17)	< 0.001	
Monocyte($\times 10^3/\mu L$)	0.48(0.34-0.65)	0.49(0.37-0.59)	0.739	
Platelet($\times 10^3/\mu L$)	201(144.25-275.5)	205(159-280)	0.234	
Eosinophil($\times 10^3/\mu L$)	0.07(0.01-0.15)	0.07(0.02-0.19)	0.326	
NLR	5.32(3.18-9.44)	3.21(1.81-6.99)	< 0.001	
PLR	184(132.86-299.03)	151.09(93.57-220.27)	0.001	
MLR	0.43(0.29-0.73)	0.36(0.187-0.59)	0.011	
ELR	0.05(0.02-0.14)	0.05(0.02-0.12)	0.326	
CLR	3.21(0.73-10.79)	0.76(0.11-4.92)	< 0.001	
SII	1062.86(609.81-2205.28)	694.4(358.5-1426.82)	< 0.001	
SIRI	2.68(1.39-5.35)	1.53(0.82-4.44)	0.001	
MII	16.92(3.48-68.26)	3.97(0.41-24.27)	< 0.001	
AISI	562.3(261.12-1397.16)	328.16(161.33-973.33)	0.005	
CRP(mg/dL)	2.85(0.76-11.08)	0.93(0.2-5.35)	< 0.001	
PCT (ng/mL)	2.36(0.29-5.71)	0.69(0.1-1.66)	< 0.001	

Table 1. Demographic characteristics and laboratory results of patients with COVID-19.

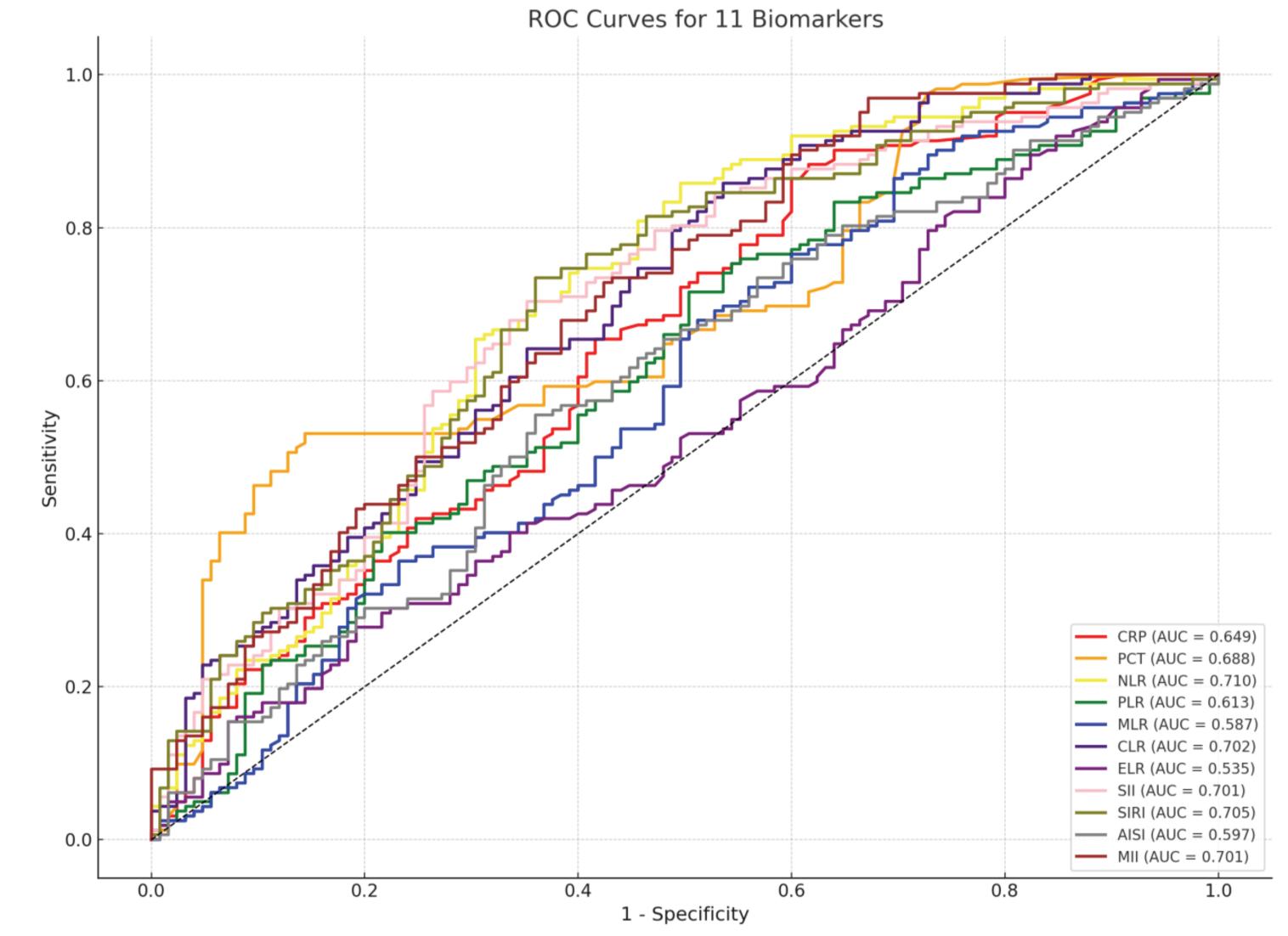


Figure 1. ROC curves of the derived peripheral blood composite inflammatory indices for predicting COVID-19 pneumonia.

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categorical variables as percentages. The Chi-square test was applied to assess
differences in categorical data. A p-value < 0.05 was considered statistically
significant. P avalue: Mann-Whitney U test; P bvalue: Chi-Square test.
NLR (Neutrophil to lymphocyte ratio) = Neutrophil count / lymphocyte count
PLR (Platelet to lymphocyte ratio) = Platelet count / lymphocyte count
MLR (Monocyte to lymphocyte ratio) = Monocyte count / lymphocyte count
ELR (Eosinophil to lymphocyte ratio) = Eosinophil count / lymphocyte count
CLR (C-reactive protein to lymphocytes ratio) = C-reactive protein (CRP) /
lymphocyte count

Continuous variables were expressed as median (interguartile range), and

SII (Systemic inflammatory index) = Neutrophil count × PLR

SIRI (Systemic inflammation response index)=Neutrophil count × monocyte count / lymphocyte count

MII (Multi-inflammatory index) = NLR × CRP

AISI (Aggregate index of systemic inflammation) = Neutrophil count × monocyte count × platelet count / lymphocyte count

Biomarker	Cut-off	Sensitivity Specificity	ATIC	050/ CI	m valua	Youden's	Odds	
		(%)	(%)	AUC	95% CI	p-value	Index	Ratio
CRP	0.46	88.3	38.4	0.649	0.586 - 0.711	< 0.001	0.267	4.69
PCT	2.11	53.1	85.6	0.688	0.623 - 0.748	< 0.001	0.387	6.73
NLR	3.228	85.8	50.4	0.71	0.650 - 0.768	< 0.001	0.362	6.14
PLR	142.31	71.6	49.6	0.613	0.550 - 0.675	< 0.001	0.212	2.48
CLR	0.501	85.8	46.4	0.702	0.644-0.759	< 0.001	0.322	5.23
MLR	0.215	86.4	30.4	0.587	0.521-0.650	< 0.001	0.168	2.78
ELR	0.132	27.8	80.8	0.535	0.469 - 0.597	0.0968	0.086	1.62
SII	901.24	70.4	64.8	0.701	0.638 - 0.760	< 0.001	0.352	4.37
SIRI	2.318	73.5	64	0.705	0.643 - 0.765	< 0.001	0.375	4.92
MII	5.903	72.8	57.6	0.701	0.642 - 0.758	< 0.001	0.304	3.64
AISI	485.72	55.6	64	0.597	0.528-0.662	0.001	0.196	2.22

Table 2. ROC analysis of derived blood composite inflammatory indices.

CONCLUSION

Due to the cost-effectiveness, accessibility, and rapid availability of complete blood count testing, peripheral blood composite inflammatory indices have been increasingly explored in the context of COVID-19 diagnosis. Our findings suggest that NLR, CLR, SIRI, SII, and MII can effectively discriminate between pneumonic and non-pneumonic COVID-19 patients. These markers may serve as useful tools in the emergency department for triaging and managing patients, identifying those requiring intensive care, and optimizing resource utilization.

