

Abstract

In clinical practice, SARS-CoV-2 virus infection and COVID-19 disease are mainly associated with dominant respiratory disorders of varying severity, from minor events such as upper respiratory tract infections to life-threatening respiratory failure. However, COVID-19 can not only be seen as a respiratory infection, but the possibility of systemic involvement should also be considered. One of the internal organs that can be directly affected by the virus is the kidneys. Renal damage from the SARS-CoV-2 virus can occur in completely intact kidneys or can affect kidneys with pre-existing nephropathy. In addition, patients with manifest renal disease are considered at higher risk for the COVID-19 than healthy population due to the often-significant immunosuppressive pharmacotherapy that might be a part of various nephropathy treatment regimens.