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RETROSPECTIVE ANALYSIS OF FREQUENCY OF LIVER INFECTION IN PATIENTS WITH COVID-19

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ABSTRACT: To estimate a retrospective analysis of the frequency of liver damage in patients with coronavirus infection COVID-19, who were hospitalized.

KEYWORDS: COVID-19, viral pneumonia, severe case, Coagulogram, cough, fever, weakness, myalgia and diarrhea.

INTRODUCTION

A retrospective analysis of hospital case histories of patients with coronavirus infection COVID-19 was carried out, in the amount of 350 case histories, of which 56 were patients with a severe case (in severe cases, viral pneumonia, shortness of breath and hypoxemia were observed, which occurred 1 week after the onset of the disease), 155 moderately severe and 135 mild cases (In mild cases, symptoms such as dry cough, fever, general weakness, myalgia and diarrhea) who were hospitalized for the period July-August 2020. The diagnosis of coronavirus infection COVID-19 was established on the basis ofa positive nasopharyngeal swab for SARS-CoV-2 by PCR, chest X-ray, CT of the lungs. Liver damage was established on the basis of generally accepted clinical and laboratory criteria, confirmed by the results of a biochemical study (levelof bilirubin, activity of ALT, AST, alkaline phosphatase, GGT, Coagulogram, level of albumin in the blood) and objective examination data. The severity of the disease was determined taking into account the severity of the syndrome of intoxication and jaundice.

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RESULTS

In a study of 350 case histories of patients with coronavirus infection COVID-19, 126 (36%) patients had liver damage, soLiver damage in patients with severe COVID-19 ranged from 58% to 78%, and in mild cases from 12% to 23%, which was mainly indicated by elevated levels of AST, ALT and total bilirubin with slightly reduced levels of albumin.It was noted that a significant deterioration in the course of COVID-19 corresponded to a high serum level of aspartate aminotransferase (AST ≤ 8.84 U / l), alanine aminotransferase (AlT ≤ 7.35 U / l), total bilirubin (Bil. ≤ 22.30 µmol / l) and lower serum albumin levels (≥ 4.24 g/l).

CONCLUSION

Based on a study of 350 patients with confirmed COVID-19, it can be concluded that abnormal liver function detected by blood serum analysis (ALT, AST, total bilirubin and albumin levels) is indeed associated with a severe course of COVID-19 infection. From a clinical perspective, particular attention should be paid to monitoring the occurrence of liver dysfunction in patients with COVID-19 infection.

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