RESULTS OF MODERN SCIENTIFIC RESEARCH

Published: January 30, 2023 | Pages: 126-127

RETROSPECTIVE ANALYSIS OF THE EFFECT OF SARS-COV-2 IN THE ACUTE PERIOD OF THE DISEASE ON THE HEPATOBILIARY SYSTEM

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ABSTRACT: The aim of the study was to study the results of a retrospective analysis of the frequency of liver damage in patients with COVID-19 coronavirus infection who were on inpatient treatment.

KEYWORDS: Retrospective analysis, sars-cov-2, acute period, hepatobiliary system.

INTRODUCTION

A retrospective analysis of hospital case histories of patients with COVID-19 coronavirus infection was carried out, in the amount of 350 case histories, of which 76 patients with a severe case (In severe cases, viral pneumonia, shortness of breath and hypoxemia were observed 1 week after the onset of the disease) and 274 with a mild case (In mild cases, symptoms such as dry cough, fever, general weakness, myalgia and diarrhea), who were hospitalized in the departments of the Multidisciplinary TMA Clinic for the period July-August 2020. The diagnosis of COVID-19 coronavirus infection was established on the basis of a positive examination of a nasopharyngeal smear for SARS-CoV-2 by PCR, chest X-ray, lung CT. Liver damage was established on the basis of an objective examination, generally accepted clinical and laboratory criteria, confirmed by the results of a biochemical study (bilirubin level, activity of AlAT, AsAT, alkaline phosphatase, GGT, albumin in the blood). The severity of the disease was determined taking into account the severity of intoxication and jaundice syndrome.

RESULTS

When studying 350 case histories of patients with COVID-19 coronavirus infection, liver damage was found in 126 (36%) patients, so liver damage in patients with severe COVID-19 ranged from 58% to 78%, and with mild form from 12%-23%, which was mainly indicated by elevated levels AST, ALT and total bilirubin with slightly reduced albumin levels. It was noted that a significant deterioration in the course of COVID-19 corresponded to high serum levels of aspartate

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aminotransferase (AST ≤ 8.84 units/L), alanine aminotransferase (ALT ≤ 7.35 units/L), total bilirubin (Bil.≤ 22.30 mmol/L) and lower serum albumin levels (≥ 4.24 g/L).

CONCLUSION

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

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