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CLINICAL AND LABORATORY CHARACTERISTICS OF THE EXAMINED PATIENTS WITH CORONAVIRUS INFECTION IN YOUNG PEOPLE, DEPENDING ON GENDER

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ABSTRACT: The novel coronavirus infection COVID-19, caused by the SARS-CoV-2 coronavirus, poses a global health threat. Neurological disorders found in patients with coronavirus infection have a wide range of clinical signs: headache, dizziness, altered level of consciousness, acute cerebrovascular accident (ACV), cerebral venous sinus thrombosis.

KEYWORDS: Post-covid syndrome, clinical examination, parametric distribution, erythrocytopoiesis.

INTRODUCTION

Aim: To identify clinical and laboratory features of the examined coronavirus infection in young people depending on gender.

Material and methods. In accordance with the goal and objectives, the study included 87 young patients aged 18 to 44 years (mean age 31.9±12.1 years) with post-covid syndrome (PCS). The patients were divided into two groups: group I consisted of 36 women (41.4%), group II - 51 men (58.6%), gender index was 1.4:1.0.

The diagnosis of post-COVID syndrome was included in the International Classification of Diseases (ICD-10), section code U09.9 "Post-COVID-19 condition, unspecified", which also includes a post-COVID state.

In a comprehensive clinical examination of patients, a generally accepted clinical examination of the somatic status, laboratory tests were used, as well as formatted documentation with a detailed description of complaints, anamnestic information, subjective and objective signs of the disease, data from paraclinical studies.

Statistical significance of the results was assessed using Student's significance tests (t) for parametric distribution and Fisher's test (F) for nonparametric data distribution. Differences were considered significant at 95% confidence interval ($P \leq 0.05$).

Research results. The most accessible and routine laboratory study, which is carried out to assess the severity and nature of inflammation, is the study and analysis of changes in the parameters of the general clinical blood test. At the same time, the severity and nature of changes in the general

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blood test can be influenced by the etiology of an infectious disease, the severity of the course, the presence of complications and concomitant diseases.

The study evaluated the features of hematological changes in patients with adenovirus diseases and influenza, as well as their dependence on the severity of the course of adenovirus infection, the presence or absence of complications.

A comparative mathematical and statistical analysis of the mean values of hematological parameters revealed that in the acute period of the disease, women had a significantly lower hemoglobin content (92.8±10.3 g/l versus 112.4±11.5 g/l, p< 0.005), relative number of leukocytes (3.6±0.9/l versus 4.8±1.2/l, p<0.01). The differences may be associated with a more pronounced toxic effect of the products of the virus metabolism on erythrocytopoiesis, as well as on the existing anemia at the time of infection (Table 1).

Table 1.

Average values of indicators of the general clinical blood test

Indicators of the general blood test	I group	II group	p<
Hemoglobin, g/l (M±σ)	112,4±11,5	92,8±10,3	0,005
erythrocytes, 1012/л (M±σ)	4,6±0,3	3,8±0,6	0,001
Leukocytes, 109/л (M±σ)	4,8±1,2	3,6±0,9	0,01
ESR, mm/h (M±σ)	17,6±4,1	19,4±5,3	0,01

One of the main objectives of our study was to evaluate the data of laboratory monitoring of the hemostasis system in patients who had undergone COVID-19. A retrospective analysis of the patient's case histories showed that, as a rule, at the time of the patient's admission to the hospital, screening coagulation parameters were studied (Table 2).

Analysis of the data showed that with COVID-19 in real clinical practice, the level of fibrinogen was most often determined as an acute phase protein (100% of cases). APTT and prothrombin values in patients of the retrospective group were used much less frequently (APTT in 38%, prothrombin in 56% of cases). The state of hypercoagulability was detected by the prothrombin test in 48%, in the APTT test - 62%. In dynamics, these indicators were monitored only in patients admitted to the ICU.

Table 2.

The results of screening laboratory indicators of the hemostasis system, (M±σ)

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Index	Reference interval	I group	II group	p≤
fibrinogen	2,0-4,0 г/л	5,1+1,3	7,2+1,4	0,05
D-dimer	0-0,5 мкг/мл	1,28+0,56	1,75+0,54	0,05
platelets	150-400 х109/л	308,3+52,4	425,3+69,7	0,001
APTT	28-40 сек	37,1+5,7	46,1+3,4	0,001
Prothrombin	70-120 %	103,8+5,7	118,6+4,2	0,05

Before discharge of patients, these indicators were also not controlled. For a more detailed study of the state of the hemostasis system, based on the main goal of our work, we analyzed both screening indicators and more accurate markers of the state of hypercoagulability and endothelial dysfunction (Table 2).

CONCLUSIONS

In the acute period of the disease, women had a significantly lower hemoglobin content (92.8±10.3 g/l versus 112.4±11.5 g/l, p<0.005), the relative number of leukocytes (3.6±0, 9/L vs 4.8±1.2/L, p<0.01). According to the coagulogram parameters, it can be concluded that hypercoagulable mechanisms of the hemostasis system prevailed in men.

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