

Gastrointestinal Manifestations in Patients with Coronavirus Disease 2019 (COVID-19): Impact on clinical outcomes

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Introduction

- In December 2019, the first human cases of COVID-19 were reported in seafood market in Wuhan city, China(1)
- Widespread distribution, aggressive growth, high rate of mortality and infectivity of COVID-19 make it an important pathogen and threat (1, 4).



Although respiratory symptomes are the most common manifestation of the Covid-19, some patients also develop GI symptoms including nausea, vomiting, diarrhea and abdominal pain.

□ In this review, we summarize the data on GI involvement in admitted patients to the referral center of the Khorshid Hospital (Esfahan, Iran) and potential association with clinical outcomes.



Methods

- ✤ We investigated 1113 inpatients (≥18 years old) diagnosed with COVID-19 from March to June, 2020.
- We collected demographic, clinical information, vital signs, laboratory data, treatment type, and clinical outcomes (discharged and death) from patients' medical records.
- The data associated with patients with GI symptoms were compared with those of patients without GI symptoms.

□ The illness severity of COVID-19 was defined as the respiration rate > 30/minute or SpO2 ≤ 88%.

Gastrointestinal symptoms included nausea, vomiting, diarrhea and abdominal pain. To obviate the adverse effects of other medical treatments and external factors, GI symptoms were recorded on admission.

Results

- > A total of 1113 patients were recruited (male = 648).
- GI symptoms were observed in 612 (56.8%) patients (male = 329).
- The most common of which were nausea 387 (34.7%) followed by diarrhea 286 (25.7%), vomiting 260 (23.4%), and abdominal pain 168 (15.0%).

- □ The most prominent non-GI signs and symptoms were cough 796 (71.5%), fever 792 (71.2%), shortness of breath 653 (58.7%), and body pain 591 (53.1%).
- □ The number of patients who were discharged, died, and were admitted to ICU were significantly different across the GI and non-Gi groups (P= 0.002, 0.009, 0.003).

Clinical features of COVID-19 patients with GI symptoms

Variable	All patients	Severe Patients (n=512)	Non severe Patients (n=601)	p-value	OR	95% CI
Nausea	387 (34.7%)	183 (35.7%)	204 (33.9%)	0.530		
Diarrhea	286 (25.7%)	111 (21.7%)	175 (29.1%)	0.005	0.67	(0.51-0.88)
Vomiting	260 (23.4%)	133 (25.9%)	127 (21.1%)	0.057		
Abdominal Pain	168 (15.0%)	59 (11.5%)	109 (18.1%)	0.002	0.58	(0.41-0.82)
Nausea & Vomiting	(18.1%)202	(20.7%)106	(15.9%)96	0.041	1.37	(1.01-1.86)
*Diarrhea & Vomiting	(8.4%)94	38 (7.4%)	(9.3%)56	0.257		
**Diarrhea & Abdominal Pain (Lower GI)	(7.9%)89	(5.2%)27	(10.3%)62	0.002	0.48	(0.30-0.77)
Nausea & Vomiting & Diarrhea	(6.6%)74	(6.6%)34	(6.6%)40	0.992		
Nausea & Vomiting & Abdominal Pain (Upper GI)	(4.6%)52	(5.4%)28	(3.9%)24	0.245		
Nausea & Vomiting & Diarrhea & Abdominal Pain(gastroenteritis)	(2.6%)29	(2.7%)14	(2.4%)15	0.803		

Discussion

- □ The prevalence of GI symptoms in our study was similar to those reported by Pan L. et al. and Han C. et al, ranging from 50.5%-61.3% (2, 14).
- While anorexia was included as a GI symptom in those studies, it was considered as a nonspecific symptom (not a GI symptom) in the present study.

In the present study, abdominal pain and diarrhea were prominent in the non-severe group when the symptoms were considered individually, lower GI symptoms and gastroenteritis were more prevalent in the non-severe group when lower GI, upper GI and gastroenteritis were considered collectively.

Conclusion

 While COVID-19 was predominantly diagnosed in males, GI symptoms were more commonly reported by females.

The results indicated that GI symptoms in COVID-19 patients are common, and the symptoms are not correlated with the severity of the disease.

- Moreover, the presence of GI symptoms was positively correlated to milder disease.
- Among COVID-19 positive patients, the clinical outcomes (discharge, death, and ICU admission rates) of the GI group were promising, compared to those of the non-GI group.

The results of this study suffer from two limitations:

 The sample was limited to patients admitted to the Khorshid hospital.

We were not able to test stool RNA in the large sample.

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