

THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE TUCSON Internal Medicine Residency



South Campus

Introduction

- Patients with COVID-19 are at high risks of developing significant pulmonary complications.
- However, its possible hepatic involvement has not been researched extensively.
- This study is aiming to analyze liver abnormality associated with disease severity in patients with COVID-19

Methods

- A pooled analysis of 6 retrospective, cohorts studies including 755 Chinese adult patients (> 18 years) diagnosed with COVID-19
- Admitted from January 2020 through February 2020. These patients were classified into two groups: non- severe and severe, based on interim guidelines of World Health Organization and the National Health Commission of China.
- Classified into severe group if one of three following criteria were met: 1) respiratory rate > 30 breaths/min, 2) SpO2 < 93% on room air, or 3) $PaO2/FiO2 \leq 300 mmHg$.
- Results were analyzed with Student's ttest, Pearson's Chi-Squared test and Wilcoxon rank-sum test.

Hepatic Laboratory Abnormalities Associated with Disease Severity in Patients with COVID-19: **A Pooled Analysis: of 6 Retrospective Cohort Studies Including 755 Patients**

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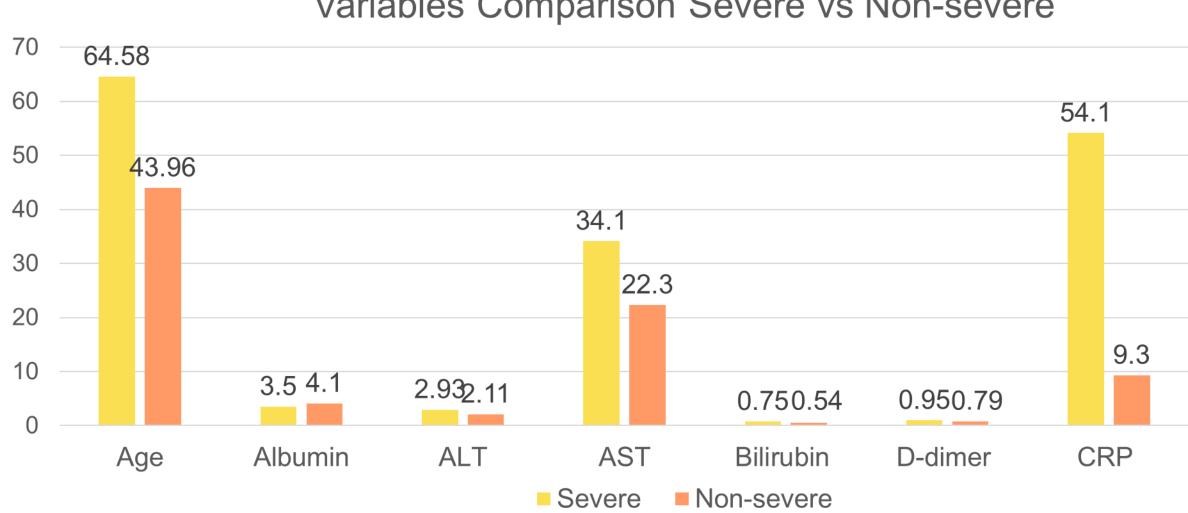
Results

| Variables | Severe | Non-severe | t Value | P- \ |
|----------------------|------------|------------|--------------------|-------------|
| Albumin (g/dL) | 3.5±1.1 | 4.1±1.0 | 4.6 | 0.0 |
| ALT (U/L) | 29.3±47.6 | 21.1±12.0 | -1.71 | 0.1 |
| AST (U/L) | 34.1±24.8 | 22.3±17.9 | -5.06 | 0.0 |
| | | | | |
| T Bilirubin (mg/dL) | 0.75±0.68 | 0.54±1.43 | -1.67 | 0.1 |
| D-dimer (mg/L) | 0.95±1.75 | 0.79±3.17 | -0.4 | 0.7 |
| CRP (mg/L) | 54.1±122.2 | 9.3±59.0 | -3.46 | 0.0 |
| INR | 1.07±0.56 | 1.06±0.81 | 0.13 | 0.9 |
| | | | | |
| | Severe | Non-severe | Wilcoxon Statistic | |
| Age of year (Median) | 64.58 | 43.96 | 37 | 0.0 |
| | | | | |
| | | | | |

**Mean ± standard deviation

Table 2: Gender and Region

| Variables | Severe | Non-severe | OR(95% CI) | P- ' |
|-------------------|------------------------|-------------------------|-----------------|-------------|
| Gender | | | | |
| Male | 63(18%) | 286(82%) | 1.95(1.26,3.0) | 0.0 |
| Female | 38(10%) | 336(90%) | | |
| Region | | | | |
| Wuhan | 70(18%) | 312(82%) | 2.17(1.4,3.34) | 0.0 |
| Non- | 35(9%) | 338(91%) | | |
| Wuhan | | | | |
| Note: Liu C, et a | ll (n=32) was not incl | luded in the male vs. f | female analysis | |



Variables Comparison Severe vs Non-severe

Figure 1:Variable Comparison Severe vs. Non- Severe

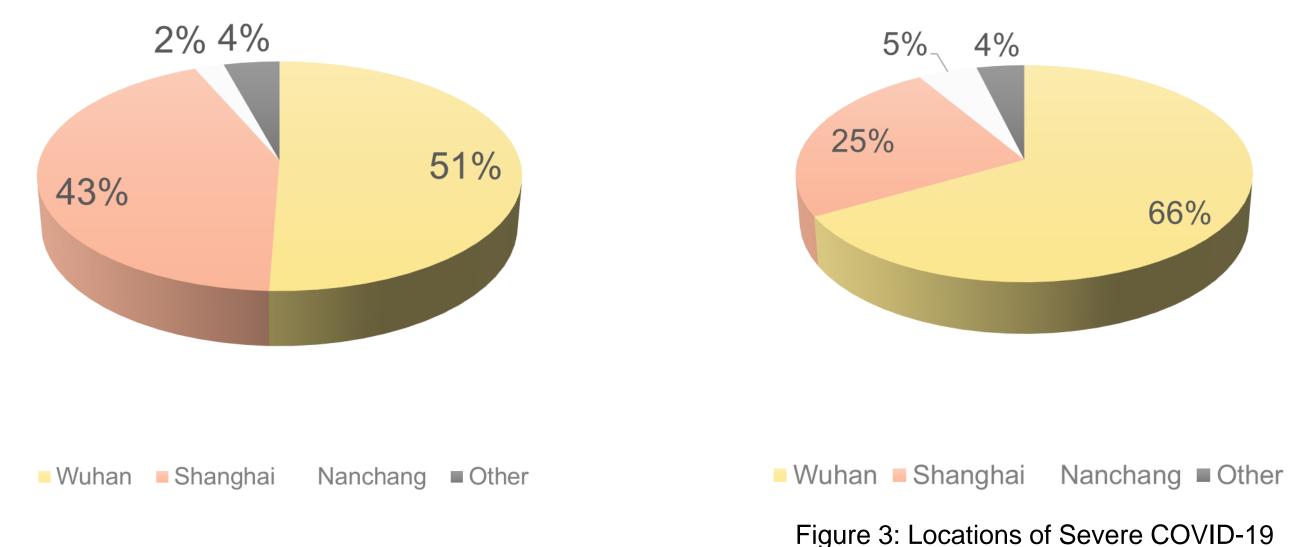
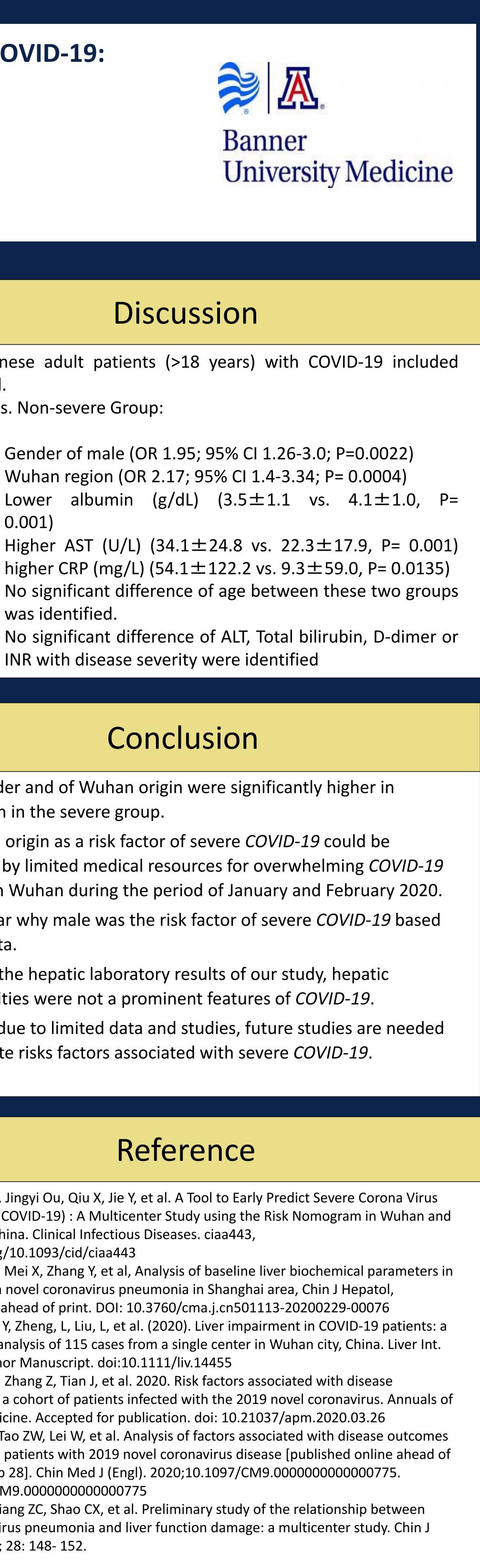


Figure 2: Locations of Patients by Cities



Discussion

- 755 Chinese adult patients (>18 years) with COVID-19 included included.
- Severe vs. Non-severe Group:
 - Gender of male (OR 1.95; 95% CI 1.26-3.0; P=0.0022) Ο
 - Wuhan region (OR 2.17; 95% CI 1.4-3.34; P= 0.0004) Ο
 - 0.001)
 - Higher AST (U/L) $(34.1 \pm 24.8 \text{ vs. } 22.3 \pm 17.9, \text{ P} = 0.001)$ higher CRP (mg/L) (54.1 \pm 122.2 vs. 9.3 \pm 59.0, P= 0.0135) No significant difference of age between these two groups
 - was identified. No significant difference of ALT, Total bilirubin, D-dimer or INR with disease severity were identified

Conclusion

- Male gender and of Wuhan origin were significantly higher in proportion in the severe group.
- Of Wuhan origin as a risk factor of severe *COVID-19* could be explained by limited medical resources for overwhelming COVID-19 patients in Wuhan during the period of January and February 2020.
- It is unclear why male was the risk factor of severe COVID-19 based on our data.
- Based on the hepatic laboratory results of our study, hepatic abnormalities were not a prominent features of COVID-19.
- However due to limited data and studies, future studies are needed to elucidate risks factors associated with severe COVID-19.

Reference

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Value 001 1607 001

- 1454 .7113 0135
- 9042
- 0928

-Value

- 0022
- 0004

1.07 1.06 INR

Patients by Cities