

Clinical attribute of COVID-19 Patients and Gastrointestinal Symptoms

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The most typical presentation of COVID-19 is associated degree acute metabolic process syndrome whose commonest symptoms embrace fever, cough, and symptom. However, channel symptoms, like diarrhoea and nausea/vomiting, are unit more and more reportable in patients littered with COVID-19. This study aimed to explain the prevalence and time of onset of channel symptoms in patients littered with COVID-19 and to seek out potential associations between channel symptoms and clinical outcomes.

We performed a prospective single-center cohort study, enrolling patients United Nations agency received identification of COVID-19 at our establishment between March twenty three, 2020, and Apr five, 2020. we tend to collected patient demographics and medical record, laboratory information, and clinical outcomes. moreover, we tend to used a specifically designed form, administered to patients at time of identification, to get information on the presence and time of onset of fever, typical metabolism symptoms, epithelial duct symptoms, and alternative symptoms (fatigue, headache, myalgia/arthritis, anosmia, ageusia/dysgeusia, raw throat, and ocular symptoms).

Diarrhea is one among the foremost unremarkably reported GI symptoms. it's been evidenced that SARS-CoV-2 entry into cells is mediate by the interaction between the envelope-anchored infective agent spike supermolecule and also the host receptor, consisting of angiotensin-converting protein a pair of, that is extremely expressed within the organ cells of the GI tract. though the pathological process of symptom in SARS-CoV-2 infection remains unclear, the presence of virus within the cells of GI tract could cause assimilation, performing on viscus porosity, or viscus inflammation because of altered physiological state of the gut microbiome

Although few knowledge are accessible within the literature with respect to clinical outcomes of patients with COVID-19 and GI symptoms, a study by Pan et al. recommended that GI manifestations in patients with COVID-19 may predict a lot of severe course of unwellness.

This study aimed to explain the prevalence and time of onset of GI symptoms in patients suffering from COVID-19 and to seek out potential associations between GI symptoms and clinical outcomes.

A previous study has according the next prevalence of GI symptoms in patients with additional severe illness (6). all the same, this is often associated early study conducted at the start of the COVID-19 eruption, once GI manifestations of SARS-CoV-2 infection weren't thus well recognized as currently, and patients with atypical symptoms were diagnosed in a very later and additional advanced stage of illness. Conversely, a recently printed letter hypothesized that patients with COVID-19 and GI symptoms may have less respiratory organ involvement

determinative a additional benign illness. Our findings support this hypothesis, above all we have a tendency to ascertained that the presence of diarrhoea was related to a stronger prognosis of COVID-19. we have a tendency to willnot make a case for the explanation why patients with diarrhoea can have higher prognosis than those while not, additionally as a result of the underlying mechanisms of GI symptoms in patients with COVID-19 aren't absolutely understood. Acute metastasis infectious agent infections, like respiratory illness, despite the shortage of detectable virus within the digestive tube, square measure identified to be accountable of changes within the gut microbiota because of general inflammatory signals that trigger native inflammatory responses within the gut. The gut microbiota plays a vital role within the host immune reaction regulation, thus alterations of the composition of the gut microbial community may well be accountable of changes in antiviral immune reaction moreover as facilitating the overgrowth of unhealthful microorganism species. The understanding of those mechanisms may make a case for why we have a tendency to found that GI symptoms, above all diarrhoea, were related to a lower mortality. Another hypothesis, supported the detection of SARS-CoV-2 in unclean samples and in enteric tissue layer of infected patients, is that enteric symptoms may well be caused by invasion of angiotensin-converting accelerator a pair of expressing enterocytes, and, during this subgroup of patients, the virus may preferentially target enteric tissue layer over tract, determinative a milder course of illness.

On the opposite facet, our information are probably to be terribly reliable since collected during a single-center prospective study, and every one patients were prospectively followed up till their discharge or death.

In conclusion, we've found that GI symptoms are terribly frequent in patients with COVID-19 and should be related to a much better prognosis. These information might counsel that in some patients, the digestive tube is also a lot of concerned than the systema respiratorium in SARS-CoV-2 infection, and this might account for the less severe clinical course of sickness.

Further multicenter studies as well as larger numbers of the themes are needed to verify our information and to analyze the presumptive pathogenetic mechanisms at the idea of the various clinical manifestation of COVID-19

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