COVID-19 situation in the world and particular role of the WGO

The COVID-19 pandemic represents a terrible challenge for health systems throughout the world and, in parallel, for individual patients for whom this can be a very aggressive disease with a high mortality, particularly for those with comorbidities. Research and publications are exceedingly active in this setting, most activity being focused on the pathophysiology of COVID-19, in addition to diagnostic, treatment and management strategies for this pandemic. One remarkable feature of the COVID-19 disease is the multiple clinical presentations and the numerous targets of the disease; the lungs have been considered the key target but skin (vasculitis), nose (olfactory disturbance and anosmia), central nervous system, heart (including cardiac arrhythmias), kidney (renal insufficiency) and the immune system are, also affected and, indeed, the immunological effects may be one major mechanisms underlying tissue injury. In addition, there is increasing recognition that COVID-19 is, also, associated with a spectrum of digestive, hepatic and pancreatic manifestations.

In general, first published experience suggest that the digestive tract manifestations of COVID-19 represent neither a life-threatening event nor a major prognostic factor. The questions that WGO should address to help the community of hepatologists and gastroenterologists are

- Should we be aware of a significant risk of complications, during the acute or the late phase of COVID-19 disease, in one digestive organ, that should be checked during the illness?
- Does any specific digestive manifestation of the disease represent an important prognostic factor that deserves systematic evaluation?
- What are the relevant procedures that should be recommended for endoscopic intervention in order to protect the patients and the medical/nurse staff?
- What are the specific recommendations for patient care in COVID-19 situation as regards our usual gastroenterology and hepatology situations and especially

immunocompromised patients (liver disease, immunosuppression like transplanted patients, IBD).

National and international recommendations on patient management in the setting of COVID-19 are numerous, efficient and precise. There are also evolving as we learn each day from this disease, so that they will be updated regularly.

The WGO will present the latest version of these recommendations along with links to important supporting information. On the major questions for our specialty, the specific added value of WGO could be proposing alternatives, in different situations of high and limited resources, for the available investigation, treatment and management strategies. This is especially on way with Prof Desmond Leddin on PPE that will soon be added on our website.

What are the known gastroenterological manifestations of COVID-19 **in April 2020?**

It seems from available literature that these manifestations can be classified into 4 main topics

1. **Digestive tract clinical** manifestations seem mostly diarrhea in 2-17 % of cases in different series.[1, 2] Anorexia, more frequent, is probably not a specific digestive symptom. At this time no case of acute perforation or severe colitis has been reported. Unpublished experience in France reveals a high frequency of rectal bleeding in older patients, probably attributable to systematic anticoagualtion in at-risk hospitalized patients; however, the underlying disease have not elucidated as only emergent endoscopies are being performed. Interestingly, series reporting the identification of virus in stools suggest that the stool excretion can persist for more than 30 days, often long after nasopharyngeal swabs have become negative; this is important information to take into account when considering lower endosocopic procedures.[2, 3]

2. **Liver enzyme** elevation is frequent, detected in up to 40 % of patients, (29-40 %), concerning mostly transaminases.[1, 4] At this time no severe hepatitis related to the virus has been described but data are lacking regarding the effect of the virus in patients with chronic liver disease. Clinical cohort studies are underway in most countries to clarify this point.

3. **Pancreatic** biological involvement has been reported in one single study with up to 17% of 52 cases with systematic dosage.[4] However this study includes amylases and lipase abnormality without cut off, and only 5 out of 9 patients presented increase in lipase, without symptoms. Thus, severe or clinically significant pancreatic injury, related to the COVID-19 situation, seems infrequent at least in the acute phase.

4. Are there any **severe digestive complications** directly related to COVID-19? On published experience within and outside China, digestive symptoms are mild and biological abnormalities mostly remain into the < 5 N range.

The published experience, to date. suggests that most COVID-19-associated manifestations affecting the gastrointestinal, pancreatic and hepatobiliary systems are benign; there have been no reports of severe pancreatitis, hepatitis or digestive tract involvement that are clearly related to COVID-19 itself.

However, COVID-19 is a new disease for which there is not, yet, any active therapy and the direct and indirect effects of the coronavirus infection on the digestive system and the potential long-term sequelae have not been documented in detail. Patients requiring intensive care and mechanical ventilation are at risk of stress- and malnutrition-related digestive disease and further studies are urgently needed to understand this better. Furthermore, it is crucial to recognize how COVID-19 will affect our ability to manage digestive diseases in patients with suspected or confirmed disease and, also, how it will affect our ability to provide safe and effective care to all of our patients.

References

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