

Gastroenterological Aspects of COVID-19 Infection: A Review Article

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ABSTRACT

The coronavirus outbreak has shifted the medical community's focus. A novel coronavirus variant (COVID-19) was found in Wuhan, China, in December 2019. Initially, an infection causes a wide range of symptoms, including muscle aches, fever, dry cough, and shortness of breath. COVID-19 infection affects all gastrointestinal system organs because it aims to hit the ACE2 receptor (angiotensin-converting enzyme 2), which is located in intestinal epithelial cells in the human body and liver cells. Coronavirus-caused liver damage often causes decreased albumin and increased aminotransferase and bilirubin. Pathophysiological hypotheses include direct damage, immune-mediated injury, ischemia and hypoxia, thrombosis, and medication hepatotoxicity. The harm is most likely multifactorial, and infected patients with preexisting liver illnesses should be managed accordingly. A vaccine will be required to help reduce COVID-19 cases and provide immunity to the public. However, safety considerations, particularly for RNA- or DNA-based vaccines, must be addressed when assessing the types of vaccines accessible. The effects of severe COVID-19 infection on gastrointestinal symptoms and liver damage in patients with chronic gastrointestinal disease are discussed in this study.

Keywords: COVID-19, Gastrointestinal Manifestation, Angiotensin-converting enzyme 2, Liver Injury, Viral damage

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