International Journal of Medical and All Body Health Research

International Journal of Medical and all body Health Research
ISSN: 2582-8940
Received: 05-11-2020; Accepted: 10-12-2020
www.allmedicaljournal.com
Volume 1; Issue 4; October-December 2020; Page No. 48-49

Are gastrointestinal manifestations related to SARS-CoV-2 during the COVID-19 pandemic in patients referring to the emergency ward?

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Latter to Editor

Introduction

In COVID-19, we are not only faced with respiratory symptoms and signs, but digestive symptoms can also be the cause of COVID -19 during the COVID-19 pandemic period, especially in children. On the other hand, the presence of gastrointestinal manifestations suggests the possibility of oral-fecal transmission, which requires the necessary measures and recommendations to reduce the risk of transmission (1, 2).

Lack of knowledge of the type and prevalence of gastrointestinal symptoms as a clinical manifestation of COVID 19 will lead to a delay in diagnosis and, as a result, a delay in treatment and a poor prognosis for these patients. Gastrointestinal symptoms include nausea, vomiting, anorexia, abdominal pain, and bloody diarrhea. Due to the difference in the strain of the coronavirus, the symptoms can be different, but some reports mention that all patients have reported digestive symptoms (3). The pathophysiology of gastrointestinal damage in COVID-19 is multifactorial. It includes "virus-mediated direct tissue damage", the presence of ACE2 receptor and the presence of viral nucleocapsid protein in the epithelial cells of the stomach, duodenum, rectum, and glandular enterocytes (4).

Clinical decisions can be made without knowing the pathophysiology of gastrointestinal damage, especially during pandemics. In this way, by observing the symptoms of patients referred to the emergency department of medical centers, reporting the symptoms to higher levels for public announcement and adopting treatment methods with the help of specialized medical teams, the treatment of COVID-19 is helped. During the COVID-19 epidemic, the predominant symptoms of the patients were respiratory, which could be related to the structure of the virus, but over time, gastrointestinal symptoms were also observed frequently, and in some studies, gastrointestinal symptoms are also reported in almost the majority of cases (5).

In addition, the development of gastrointestinal symptoms can be due to the use of antiviral drugs such as Ritonavir/Lopinavir, so gastrointestinal symptoms are observed in about a fifth of patients who use this antiviral (6). All of the above-mentioned cases go hand in hand with the doctors referring to the emergency care department with these symptoms and the most important issue at this critical moment is the differential diagnosis of COVID-19 in patients with gastrointestinal symptoms and it can be a clue for further clinical and paraclinical investigation and maybe according to the decision of the medical team, the treatment can be started with the appearance of these symptoms. All these decisions should be taken at the time of occurrence, and the national epidemiology committee, based on the reports received, should inform the public and the treatment staff as soon as possible and provide the necessary measures in the form of a treatment protocol so that everyone follows it.

Serological diagnosis should not be neglected because it will take time to complete the awareness of this new pandemic and it is better not to be satisfied with clinical symptoms in the diagnosis according to the diagnostic protocols, other diagnostic methods should also be taken into account in order to reduce false positives. What is clear is that COVID-19 has destructive effects on all organs and the digestive system is not exempted from this rule, and one should be more careful in reporting abdominal symptoms in differential diagnoses in order to eradicate or control COVID-12 with early diagnosis and treatment.

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