

# View Abstract

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## **Abstract**

**TITLE:** LIVER TEST ABNORMALITIES IN COVID-19 PATIENTS MAY NOT BE RELATED TO CYTOKINE STORM

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### **ABSTRACT BODY:**

**Abstract Body:** Introduction: A recent systematic review reported a pooled prevalence of liver test abnormalities of 19% (range 1-53%) in COVID-19 patients. However, it is not clear whether the pathogenesis of liver test abnormalities could be due to direct action of SARS-Cov-2, hypoxia-associated metabolic derangements, drug-induced liver injury or cytokine storm related inflammation.

Objectives: To explore the clinical significance of liver test abnormalities in COVID-19 patients and to evaluate the levels of cytokines in patients with and without liver test abnormalities

Material and methods: We included 143 COVID-19 patients hospitalized in a single University Hospital, confirmed by quantitative reverse transcription PCR and 53 non COVID-19 healthy controls (HC) (mainly hospital staff) confirmed by a negative rapid serological. COVID-19 severity were stratified in mild, moderate and severe based on the presence of pneumonia and O<sub>2</sub> saturation <94%. Abnormal liver tests was defined as the elevation over the upper limit of normal of total bilirubin (>1mg/dl), alanine aminotransferase (>31 UI/L) or alkaline phosphatase (>104 UI/L).

Blood samples were collected on the day of hospital admission in COVID-19 and at the time of evaluation on HC. 27 cytokines pro and antiinflammatory (Bio-Plex Pro™, Bio- Rad) were measured.

A multivariate logistic regression model was performed to analyze the relationship between liver test abnormality and the severity of COVID-19, in which the following variables were included: age > 60 years, sex, BMI > 30, pneumonia, use of drugs (antibiotics, anti-inflammatories, antivirals), ferritin > 300 µg/l and fibrinogen > 400 mg/dl.

Results: The mean age of the COVID-19 patients was 54 +/- 15 years, (F=50%) and HC was 52 +/- 8, (F=62%). None of the patients had history of liver disease.

84 COVID-19 (59%; 95% CI 41-67) had abnormal liver test on admission and in 17 (32%; 95% CI 20-46) of HC (p=0.001). 57% of COVID-19 patients had a AST/ALT ratio > 1.

There was a significant association between COVID-19 liver tests abnormalities and the following: BMI > 30 (p = 0.02), the presence of pneumonia (p = 0.001), O<sub>2</sub> saturation <94% (p= 0.001) and the severity (p = 0.001).

In the multivariate analysis, liver tests abnormalities were associated with COVID-19 severity (OR 4.68 (95% CI 1.21-18.16); p = 0.03).

Significantly higher levels of the following cytokines were observed on admission in COVID-19 patients compared to HC: IL-1ra, IL-2, IL-6, IL-7, IL-8, IL-13, IP-10, and PDGF-bb.

There were no significant differences in COVID-19 with and without liver tests abnormalities, on the levels of the 27 cytokines analyzed.

Conclusions: Liver tests abnormalities in COVID-19 patients were associated with the severity of the disease. Cytokine mediated inflammation may not play an important role in the pathogenesis of liver tests abnormalities.

