

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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Clinical features of coronavirus disease

▶ According to 37,000 confirmed covid-19 patients

- Cough in 50 percent
- Fever (subjective or $>100.4^{\circ}\text{F}/38^{\circ}\text{C}$) in 43 percent
- Myalgia in 36 percent
- Headache in 34 percent
- Dyspnea in 29 percent
- Sore throat in 20 percent
- Diarrhea in 19 percent
- Nausea/vomiting in 12 percent
- Loss of smell or taste, abdominal pain, and rhinorrhea in fewer than 10 percent each

Gastrointestinal involvement

- ▶ Abdominal pain
- ▶ Nausea
- ▶ Vomiting
- ▶ Diarrhea
 - ▶ Diarrhea occurs secondary to the interaction between ACE γ , highly expressed in the human small intestine, and γ 2019-nCoV cell entry component. Recent studies show that γ 2019-nCoV RNA has been detected in stool samples, confirming fecal-oral transmission.
 - ▶ According to the literature, the incidence of diarrhea could be underestimated

A case series of covid-19 patients with abdominal pain

Ten case description

- **10 patients:** 6 males, 4 females
- mean **age** 50 ± 18 years
- **fever** and **flu-like** symptoms in the previous 5-10 days, with general **malaise**, **decreased appetite**, **abdominal pain** and **vomiting/diarrhea**
- Only one patient denied cough and fever
- **None** of them had a history of **abdominal surgery** or a notable medical **history**. No IBD, no melena or weight loss, no distension, no tenderness, no altered bowel sounds, **normal Ph/E**
- **maximum** body temperature of 39°C ($37.6 \pm 1^{\circ}\text{C}$).
- **four** patients complained of **dyspnoea** with significantly decreased $\text{PaO}_2/\text{FiO}_2$ and a **need for oxygen**.

Lab data

- ▶ **Lymphopenia** , **high CRP** and **altered liver enzymes** in most of the patients
- ▶ **Average WBC:** 6.15 ($3.2-9.29$) $\times 10^9/l$, **PLT:** 176.7 ($82-341$) $\times 10^9/l$, and lymphocytes 1.31 ($0.60-2.76$) $\times 10^9/l$.
 - ▶ The eosinophil percentage was undetectable in all patients.
- ▶ **Average** value of **ALT** was 77.4 U/l ($29-162$ U/l), **AST** was 81.9 ($30-284$) U/l, and **GGT** was 123 ($54-218$) U/l.
- ▶ **Bilirubin** was increased in only one patient who developed pancytopenia and hemolytic anemia, which improved with oral steroid therapy.
- ▶ The **average** value of **CRP** was 6.6 ($1.5-21.37$) mg/dl. When measured, **procalcitonin** was **always undetectable**, excluding a bacterial infection.
- ▶ In the patient who complained only of **diarrhea with no flu-like** symptoms we performed **stool cultures for *Clostridium difficile*** and enteric pathogens, which were all **negative**.

Abdominal imaging

- ▶ US of the abdomen did not reveal an abnormal stomach and bowel distention, except in one female patient, who had bowel inflammatory signs (peri-intestinal inflammatory reaction) as confirmed by a CT scan of the abdomen.
- ▶ This patient completely recovered after antiviral treatment and was discharged home with no signs of bowel disease on US of the abdomen.
- ▶ All the patients were treated with supportive care and antiviral therapy, including lopinavir and ritonavir tablets. Diarrhoea completely resolved.

STRATEGIES FOR TREATING PATIENTS WITH **ABDOMINAL** **PAIN DURING THE EPIDEMIC**

considering 4 aspects

First, know...

- ▶ Clinicians, especially **surgeons**, should be **familiar with** not only the **common symptoms** of COVID-19, but also the **gastrointestinal and abdominal** symptoms of the disease
- ▶ To avoid **misdiagnosing** COVID-19 as an **acute abdomen** and admitting patients to the general surgical ward.

Second, ask...

- ▶ **PMH** and especially the **epidemiological** history
- ▶ **History of exposure** to suspected or confirmed COVID cases within **2 weeks** for each patient with abdominal symptoms.

Third, do...

- ▶ **Comprehensive** physical examination, especially an **abdominal physical examination**.
- ▶ For surgical **acute abdominal** pain, **specific pain sites** can often be found; there are even **signs of peritonitis** such as abdominal **tenderness**, **rebound** tenderness, and abdominal **muscular defense**

Fourth, consider...

- ▶ **Auxiliary examination methods**

- ▶ **blood test**

- ▶ virus pathogen detection

- ▶ **Imaging**

- ▶ **PCR**

- ▶ often requires the collection of multiple samples at different points in time because of false negative results

In the **early stages** of COVID-19, **white blood cell** and **neutrophil** counts **do not increase**, while **lymphocyte counts decrease** in most patients.

Conclusion

- ▶ **Four** aforementioned **recommendations**
- ▶ Because of **difficulty of PCR in emergency** situation **lung CT scan** should be used as a **quick screening** test especially before **emergency surgery**.
- ▶ **CT-scan of the abdomen combined with lungs** is recommended for **all patients with acute abdominal pain** during the epidemic.

References

- ▶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7162568/> (Erika Poggiali et al, European journal of case reports in internal medicine)
- ▶ <https://bjgp.org/content/70/696/358> (Lu-Lu Zhai, Wei Wang, Lun Wu and Zhi-Gang Tang, British Journal of General Practice)
- ▶ Clinical features of covid-19 disease on uptodate

با تشکر از توجه شما