

LIVER AND COVID-19 - NEW INSIGHTS AND EARLY PROGNOSTIC MARKERS

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A retrospective study of 261 critically ill COVID-19 patients found that pre-existing chronic liver disease doubled mortality risk and identified potential early predictors for death and secondary sclerosing cholangitis.

KEY POINTS

- Patients with pre-existing chronic liver disease had a hazard ratio for death of 2.045 ($p=0.0446$) compared to those without, higher than the risk associated with malignancy or dialysis requirement on ICU admission
- High bilirubin ($p=0.002$) and INR ($p=0.018$) levels on admission correlated with increased mortality independent of pre-existing hepatic disease, and mortality correlated significantly with liver enzyme increases during hospitalization across all patient groups
- The risk of developing COVID-19-associated secondary sclerosing cholangitis increased with duration of ECMO therapy and correlated significantly ($p=0.004$) with high alkaline phosphatase levels on admission
- Among the entire cohort, 90.8% of deaths were associated with COVID-19
- This material is most relevant to intensivists and hepatologists managing critically ill COVID-19 patients, particularly those with pre-existing liver disease

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