

THE EFFECT OF HEPATOSTEATOSIS AND LIVER FIBROSIS ON THE PROGNOSIS OF HOSPITALIZED COVID-19 PATIENTS

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A retrospective study of 500 hospitalized Covid-19 patients found that hepatosteatosi s and liver fibrosis assessed by non-invasive markers were associated with increased ICU admission and mortality.

KEY POINTS

- Among 500 Covid-19 patients who underwent thorax CT, hepatosteatosi s was present in 32.6% and was significantly associated with ICU admission (41.8% of ICU patients had hepatosteatosi s, $p=0.002$).
- Patients with both hepatosteatosi s and advanced fibrosis ($FIB-4 > 2.67$) had 71% ICU admission and 32.5% mortality, with mortality significantly higher than in those without advanced fibrosis ($p=0.001$).
- The combination of FIB-4 score and CT attenuation had 88.37% sensitivity and 90.85% negative predictive value for determining ICU need, with high FIB-4 and low attenuation conferring 5-fold increased odds of ICU admission (OR 5.101, 95% CI 2.865-9.083).
- In multivariate analysis of hepatosteatosi s patients, high ferritin level was the only independent risk factor for ICU admission; inflammation markers IL-6 and ferritin were significantly elevated in patients with both hepatosteatosi s and fibrosis.
- This material is most relevant to clinicians managing hospitalized Covid-19 patients and those interested in non-invasive prognostic markers for severe disease.

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