

## ASPECTS OF LIVER DAMAGE IN PATIENTS WITH POST-CYSTIC

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**Goal:** analytical review of scientific publications on digestive disorders with post-COVID syndrome.

**Materials and methods:** the search and review of 20 clinical and 14 experimental publications in scientometric databases: EMBASE, MedMir, PubMed, which demonstrate the consequences of digestive lesions with post-COVID syndrome, was used.

**Results:** in the literature has been reported that some patients treated for severe COVID-19 noted special manifestations of facial darkening and pigmentation during recovery. Multiple organ damage, especially liver damage, is mainly the cause of these phenomena. In addition to gastrointestinal symptoms, liver enzymes have been reported to be elevated in 7.6-39% of patients with COVID-19. In a cohort study of 5,700 patients with COVID-19 in the United States, ALT abnormalities were observed in 2,176 (39.0%) patients and ACT in 3,263 (58.4%) patients. Coincidentally, patients infected with SARS-CoV and MERS-CoV also have abnormal liver enzymes. When patients are infected with SARS-CoV-2, they usually have mild to moderate ALT and / or AST levels in the early stages of the disease, accompanied by a slight increase in bilirubin levels. However, in some patients there was an increase in ALT and AST levels to 7590 and 1445 U / l, respectively. Studies have shown that the prevalence of elevated levels of transaminase and bilirubin is at least twice as high in severe patients than in patients with mild to moderate severity.

Possible drug-induced liver damage with COVID-19. The main manifestation of COVID-19, fever, leads to the use of antipyretic drugs that contain acetaminophen - a drug that usually causes liver damage. Other hepatotoxic drugs, lopinavir / ritonavir, oseltamivir, interferon, antibacterials, and Chinese herbs are widely used in China to control COVID-19.

**Conclusions:** summing up, we can summarize recent reports of gastrointestinal symptoms and biochemical liver disorders in patients with COVID-19 by September 2020. Gastrointestinal and liver dysfunction as a sign of early SARS-CoV-2 infection cannot be ignored during a COVID-19 pandemic. Timely correction of the underlying disease (SARS-CoV-2 infection) remains the most important treatment factor for COVID-19-associated gastrointestinal and liver damage. Hepatic protective agents should also be considered in patients with severe COVID-19. The mechanisms of gastrointestinal and liver damage associated with COVID-19 are extremely multidimensional, so further translational and fundamental studies are urgently needed to identify the intrinsic association of COVID-19 with gastroenterology and hepatology.