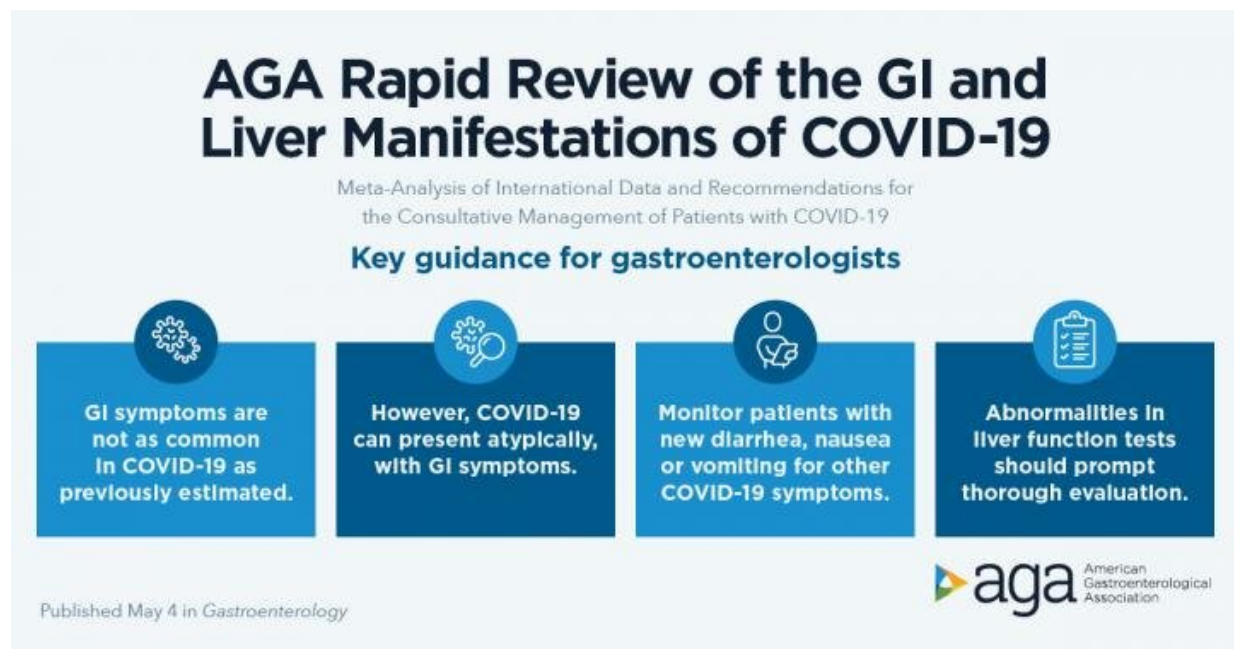


New COVID-19 guidance for gastroenterologists


May 5 2020



AGA Rapid Review of the GI and Liver Manifestations of COVID-19
Meta-Analysis of International Data and Recommendations for the Consultative Management of Patients with COVID-19
Key guidance for gastroenterologists

- GI symptoms are not as common in COVID-19 as previously estimated.**
- However, COVID-19 can present atypically, with GI symptoms.**
- Monitor patients with new diarrhea, nausea or vomiting for other COVID-19 symptoms.**
- Abnormalities in liver function tests should prompt thorough evaluation.**

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Key guidance for gastroenterologists. Credit: American Gastroenterology Association

AGA has published new expert recommendations in *Gastroenterology*: AGA Institute Rapid Review of the GI and Liver Manifestations of COVID-19, Meta-Analysis of International Data, and Recommendations for the Consultative Management of Patients with COVID-19.

Key guidance for gastroenterologists:

- GI symptoms are not as common in COVID-19 as previously estimated: The overall prevalence was 7.7% (95% CI 7.4 to 8.6%) for [diarrhea](#), 7.8% (95% CI: 7.1 to 8.5%) for nausea/vomiting, and 3.6% (95% CI 3.0 to 4.3%) for abdominal pain. Notably, in outpatients, the pooled prevalence of diarrhea is lower (4.0%).
- However, COVID-19 can present atypically, with GI symptoms: COVID-19 can present with diarrhea as an initial [symptom](#), with a pooled prevalence of 7.9% across 35 studies, encompassing 9,717 patients. Most often, diarrhea is accompanied by other upper respiratory infection symptoms. However, in some cases, diarrhea can precede other symptoms by a few days, and COVID-19 may present as isolated GI symptoms prior to the development of upper respiratory infection symptoms.
- Monitor patients with new diarrhea, nausea or vomiting for other COVID-19 symptoms: Patients should inform gastroenterologists if they begin to experience new fever, cough, shortness of breath or other upper respiratory infection symptoms after the onset of GI symptoms. If this occurs, testing for COVID-19 should be considered.
- Abnormalities in [liver function tests](#) should prompt thorough evaluation: Liver test abnormalities can be seen in COVID-19 (in approximately 15% of patients); however, available data support that these abnormalities are more commonly attributable to secondary effects from severe disease, rather than primary virus-mediated liver injury. Therefore, it is important to consider alternative etiologies, such as [viral hepatitis](#), when new elevations in aminotransferases are observed.

For all seven evidence-based recommendations and a detailed discussion, review the full publication in [Gastroenterology](#).

Provided by American Gastroenterological Association

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