

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Covid-19 – Gastrointestinal & Liver Effects

01.05.2020, Guziliamparai

SIR, — We read with great interest the article published in your journal on COVID-19 disease. We note that gastrointestinal (GI) and liver manifestations of COVID-19 have not been given their due importance. Hence, we would like to highlight some important facts.

GI manifestations such as anorexia, nausea, vomiting, diarrhoea, abdominal pain and loss of taste are seen in 30-50% of patients with COVID-19 infection. Diarrhoea is the commonest GI manifestation seen in 30% of patient with GI involvement. It may occur even in the absence of respiratory symptoms. Fecal RNA has been identified in 50% patients and about 25% of such patients have prolonged fecal viral shedding even after resolution of respiratory illness. Hence fecal-oral transmission of COVID-19 is possible and may last longer than the respiratory illness.

In such patients, a more prolonged isolation may be considered esp. if fecal RNA is identified. In addition, apart from standard measures like isolation, social distancing and hand hygiene, certain other measures to prevent transmission must also be emphasized, such as closing the toilet lid before flushing, proper sanitizing of commode button/handle and toilet door handles, and avoiding unnecessary use of PPI (higher gastric pH may increase risk of infection). COVID-19 is more likely to infect or have more severe disease in certain GI conditions such as patients with severe inflammatory bowel disease on steroids/immunomodulators. If such patients develop COVID-19 infection, drug modifications are required as per current guidelines.

Hepatic involvement in COVID-19 occurs in about 50% patients with mild non-specific transaminitis which is of no clinical significance. Higher transaminase levels, however, are associated with more severe COVID-19 infection. Liver conditions such as NAFLD, autoimmune liver disease, liver cirrhosis and liver transplant candidates/ recipients are at increased risk of COVID-19 complications. COVID-19 patient presenting with acute hepatitis has also been described and we have recently encountered a COVID-19 patient with acute liver failure. Hence, it would be prudent to advise such patients to avoid routine hospital visits, obtain tele consultation opinion and avoid agents that may cause liver toxicity such as alcohol, NSAIDs, and certain antibiotics. Overall management of cirrhosis and its complications remains same as per guidelines. Endoscopic procedures are aerosol generating and fecal transmission may also occur during colonoscopy, thus increasing the risk of transmission to the health personnel. All routine endoscopic procedures during this pandemic should be withheld and limited to emergencies such as GI bleeding, cholangitis or other life threatening conditions.

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**Rajesh Upadhyay¹,
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Dear Chief Editor Dr. Jyotirmoy Pal,

Greetings !!! I hope that this mail finds you in good health. Kindly take care of your personal protection and your associated Health care workers protection during this pandemic of COVID-19. I am writing this to extend my appreciation for your extensive contribution for the JIMA April 2020 issue. I found the topics included were very relevant for the present scenario, especially when it comes in handling COVID-19 cases. I found that the topic describes on the practical aspects of personal protective equipments, especially addressing the home made masks as there is a real scarcity of mask existing now. The article has clearly given criteria for diagnosing COVID-19 and the various laboratory investigations, their interpretation and the dosage of drugs that can be safely used specifically addressing the candidates for drug therapy. It has also given a clear insight about the usage of all the drugs that were tried in many centers all over the world. India being the pioneer in controlling Infectious diseases, COVID-19 has also now been a greater challenge for all the practitioners in treating and equally addressing the personal protection for Health care workers and many thanks for including this in the present issue. Few other areas where I had pleasure in reading were the topic on CARDIORENAL SYNDROME, where there was special mention on the role of Aldosterone in the pathogenesis and its specific reversal associated with Aldosterone antagonist as per RALES and EPHEBUS trial. A special mention about the prescription pattern on MIGRAINE where they included a variety of drugs and there was individualized preference in drug prescription, although there is no much difference in the clinical presentation of the disease as per the data. It was interesting to read about the Blood group analysis in the heterogeneous origin of people from Nepal and India as this has given an insight of the diversity of ethnic communities in Tarai region. Panhypopituitarism generally presents to a general practitioner as a shock state or with decreased sensorium. The topic had clearly given an enlightenment on the early diagnosis of the same. Last but not the least to be enjoyed was the history of origin of the word QUARENTINE along with the INFLUENZA pandemic during the last century where we should reread the history to develop new ways of controlling the present pandemic of COVID-19. It was a wholesome pleasure in reading April 2020 issue where many of us were relatively free from their day today stressful life.

With Warm Regards,

MD, FICP,

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Dr Palaniappen

Dear Editor,

Doctors bear the greatest responsibility in fighting any pandemic, leading the team of other healthcare workers (HCWs). And Covid-19 is no exception. Therefore, at least from public health relevance perspective, it makes sense to take all possible measures and strategies to protect doctors and HCWs from contracting the infection. One such strategy is prophylactic therapy. In India, the Indian Council of Medical Research (ICMR) recommended for oral intake of hydroxychloroquine as prophylaxis against the disease. Hydroxychloroquine (HCQ) is an age-old antimalarial that is currently used in rheumatoid arthritis, SLE and diabetes. There are some safety concerns associated with its use, like ventricular arrhythmias resulting from QT prolongation. The ICMR advisory seemingly had varying impacts on the medical professionals – from frank non-acceptance to blind compliance ignoring the cautions flagged. While some have questioned the basis of the advisory, pointing to its low level of evidence, and thus have refrained from consuming HCQ, others preferred to embrace it too uncritically, paying little attention to the risks associated with its use. While the nation is struggling to contain the disease, the number of Covid-19 deaths among doctors and HCWs in the last five months, is worrisome. The ICMR advisory initially recommended HCQ intake for ‘at-risk’ doctors and HCWs for seven weeks. A further notification has recommended to continue the intake beyond seven weeks, until the risk of exposure continues. However, there has been a fresh wave of confusion around the risk-benefit ratio of HCQ use in Covid-19, following the recent Lancet publication reporting a large, multi-nation registry-based study. Even the World Health Organization (WHO) has responded to this publication by suspending the HCQ arm in the Solidarity Trial.

In view of this, we propose that from the JIMA Editor’s Desk, a questionnaire-based KAP study is launched to assess the status and impact of the HCQ prophylaxis in Covid-19 among doctors in India. We are in the process of designing the online data collection tool that can be accessed using a Google Form (docs.google.com/forms). The JIMA readers who wish to participate are encouraged to just send an Expression of Interest what’s app message to the number: where the Google Form link shall be available.

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Upcoming Propose Study by JIMA

**“Prophylaxis in Covid-19
 - Need to Roll out a KAP Study
 among Doctors in India”**

**Project will be release soon
 - Please see <https://onlinejima.com>**