



COVID-19 AND CHRONIC LIVER DISEASES

Talibjanova Malika Khusanovna

Doctor of Medical Sciences, Associate Professor,
Department of Propaedeutics of Internal Diseases No. 1,
Tashkent Medical Academy

During the clinical course of COVID-19, liver injury has been observed in a significant proportion of patients, particularly those in severe or critical condition. Evidence suggests that patients with chronic liver diseases (CLDs) face greater challenges in managing COVID-19 and are more susceptible to liver damage. For instance, individuals with nonalcoholic steatohepatitis (NASH), especially those with metabolic comorbidities such as diabetes mellitus, arterial hypertension, and obesity, are at high risk of severe COVID-19. Similarly, patients with cirrhosis not only belong to this high-risk category but are also more prone to infection and liver function decompensation.

The prevalence of pre-existing liver diseases in patients with COVID-19 ranges from 2% to 11% [1]. In a study conducted in New York, only 0.4% of patients had pre-existing cirrhosis [2]. Although the impact of cirrhosis on COVID-19 remains unclear, it has been associated with increased mortality in patients with acute respiratory distress syndrome (ARDS) [3]. Other studies have shown that chronic hepatitis B and C do not significantly influence the severity or outcomes of COVID-19.

Interestingly, patients with autoimmune liver diseases receiving immunosuppressive therapy appear to experience milder COVID-19 courses. Such treatments may even provide potential protection against immunopathological reactions that contribute to lung injury.

It is essential to note that many questions and contradictions remain unresolved. Therefore, adherence to recommended guidelines and continued research is imperative.



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