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Comparative analysis of clinical signs in patients with Covid-19 who suffer chronic viral hepatitis C

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Abstract: Chronic viral hepatitis C is an important medical and social problem due to the lack of specific prophylaxis, the ineffectiveness of specific treatment based on the nonspecific clinical signs at an early stage, and the development of cirrhosis of the liver. Patients with chronic liver disease demanded the attention of physicians during the epidemic, as against the background of the intensification of their disease increased not only the risk of infection with COVID-19 virus, but also its severity. The article presents an analysis of clinical signs in 157 patients with chronic viral hepatitis C who underwent COVID-19. It is scientifically based that the clinical signs are relatively high in patients with chronic viral hepatitis C who underwent COVID-19.

Keywords: COVID-19, chronic viral hepatitis C, Kettle index, body mass, pain

Relevance of research work. Patients with chronic liver disease demanded the attention of physicians during the epidemic, as against the background of their exacerbation of the disease increased not only the risk of infection with COVID-19 virus, but also its severity [1,2,3,4,5]. Analysis of the clinical presentation of COVID-19 showed that SARSCoV-2 had a significant effect on CHLD (chronic liver disease). Patients with viral etiology are more prone to liver damage, which is probably associated with increased replication of hepatitis B and C viruses during SARSCoV-2 infection[6,7,8,9]. To date, there are no clear data on the risk of COVID-19 in patients with chronic hepatitis C compared to other diseases. However, serious complications can develop rapidly if COVID-19 infection cannot be prevented. [10,11,12,13,14]. Hepatitis C in particular increases the likelihood of severe transmission of COVID-19, even if successfully treated. Therefore, the problems of patients with chronic viral hepatitis C against the background of the COVID-19 pandemic are unresolved and require study. However, the number of studies that allow us to confirm this idea is extremely small, and the data in them are not reliable[15,16,17,18]. Based on this, the aim of our study was to evaluate the comparative analysis of clinical signs in patients with chronic viral hepatitis C who underwent COVID-19.

Inspection materials and methods - The study included the results of clinical, laboratory and instrumental studies of 157 patients diagnosed with chronic viral hepatitis C with or without COVID-19. 87 (55%) of the patients were chronically infected with hepatitis C and did not have COVID-19 infection. Of these, 55 (63%) patients were of average age 20-59 years (36.2 ± 3.2) and 32 (37%) were 60-76 (65.2 ± 4.2) patients. Group 2 of the study included 70 (45%) patients with COVID-19 infection with chronic viral hepatitis C, of whom 45 (64%) were 20-59 years of age (38.2 ± 4.4) and 25 (36%) 60-76 ($65, 3 \pm 4.2$) patients. The research was approved by the members of the committee established at the Bukhara Medical Institute. Criteria for inclusion in the study: patients aged 20-75 years with chronic viral

hepatitis C who had and did not have COVID-19; persons who have given written consent to clinical and instrumental examinations. The results of the examination were evaluated using a clinical reference card (questionnaire). In the process of diagnosing patients, anamnestic data were collected, laboratory and ultrasound examinations were used. Diagnosed on the basis of COVID-19 PCHR test. All patients involved in the study underwent ultrasound elastometry "Fibroscan" (Echosens, Paris). During the study, the practice was compared with 18 healthy individuals (ages 20–65). The data obtained were statistically processed using the Student's t-criterion, and the difference in results with $R < 0.05$ was recognized as reliable.

Results and analysis. The results of our research show that the age distribution of patients diagnosed with chronic viral hepatitis C who have or have not had COVID-19 is shown in Table 1. Patients who underwent COVID-19 were more likely to be of different ages when analyzed by age, especially in the elderly (60-74 years - 35 (50%), including 47% women, 53% men); - 42.5% of women and 31.9% of men over the age of 60).

Table 1

Age-related prevalence of patients with and without chronic hepatitis C COVID-19 n (%)

Patients age	Womens Abs (%)		Mens Abs (%)	
	Infected with COVID-19 n = 32	Not infected with COVID-19 n = 40	Infected with COVID-19 n = 38	Not infected with COVID-19 n = 47
Up to 39 years of age	5 (15.6%)	6 (15%)	6 (15.8%)	7 (14.9%)
40-49 age	6 (18.8%)	7 (17.5%)	7 (18.4%)	10 (21.3%)
50-59 age	9 (28.1%)	10 (25%)	12 (31.5%)	15 (31.9%)
60-74 age	12 (37.5%)	17 (42.5%)	20 (34.3%)	15 (31.9%)
Total	32	40	38	47

Analysis of demographic and anthropometric parameters of patients showed that COVID-19 was more severe in patients diagnosed with chronic viral hepatitis C (Table 2).

(Table 2)

Comparative analysis of demographic and anthropometric indicators in primary and control group patients

Indicator	NG (N = 18)	Chronic hepatitis C Covid-19 is infected n = 70	Chronic hepatitis C Covid-19 is not infected with Covid-19 n = 87
age	32,3 ± 4,2	43,1±1,2	40,2±2,4
body weight ,kg	60,0±2,12	70,0±4,2	80,0±2,3
Height, cm	165±5,2	161 ±2,2	165 ±2,3
TMI, kg / m2 (25-	20,0±1,26	22,1±4,2	26,1±2,8

30)			
TMI, kg / m ² (30-34.9)	22,0±0,2	31,5±1,5	30,2±1,2
TMI, kg / m ² (35-39.9)	23,0±0,6	36,3±2,2	35,2±1,5
TMI, kg / m ² (40 <)	25,0±0,2	38,2±2,3	37,2±1,0

Obesity group III (TMI 40 and above) included in the study group increased body weight (38.2 ± 2.3) in patients diagnosed with chronic viral hepatitis C who underwent COVID-19, and in patients diagnosed with chronic viral hepatitis C who did not undergo COVID-19. 37.2 ± 1.0 was observed and was reported to be more severe in patients with high body mass. Obesity II (Kettle index 35 - 39.9) Increased body weight (36.3 ± 2.2) in patients diagnosed with chronic viral hepatitis C with COVID-19, in patients diagnosed with chronic viral hepatitis C without COVID-19 $35, 2 \pm 1.5$.

The following results were noted when we compared the clinical signs of the next-stage analysis study groups. The results are presented in Table 3.

Table 3

Comparative assessment of the frequency of clinical manifestations in patients with and without chronic hepatitis C COVID-19

Characters	Chronic hepatitis C Covid-19 is not infected with Covid-19 n = 87	Chronic hepatitis C Covid-19 is infected n = 70
Discomfort under the right rib, feeling of heaviness	65 (74%)	60 (85%)
rapid fatigue, general weakness	68 (78%)	59 (86%)
Decreased appetite	52 (60%)	49 (70%)
Nausea	48 (55%)	45 (65%)
Vomiting	48 (55%)	45 (65%)
Sensation of bitter taste in the mouth	35 (40%)	34 (48%)
Constipation	35 (40%)	31 (45%)
Flatulence	35 (40%)	35 (50%)
Itching of the skin	31 (35%)	30 (43%)

Patients with COVID-19 infection with chronic hepatitis C were more likely to have gastrointestinal symptoms than those without COVID-19 infection. That is, general weakness was observed in 86% of patients, symptoms of nausea and vomiting were observed in 65% of patients, and pain under the right rib was observed in 85% of patients. In patients with chronic hepatitis C who did not have COVID-19

infection, general weakness was reported in 78% of patients, symptoms of nausea and vomiting in 55% of patients, and pain under the right rib in 74% of patients.

Thus, based on the studies, it can be concluded that the disease was more severe in patients with chronic viral hepatitis C who underwent COVID-19. When attention was paid to the age of the patients, it was more common in patients older than 60 years. The analysis of clinical signs also showed that COVID-19 had higher and more severe symptoms in patients with chronic viral hepatitis C.

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