

Relation between Liver Enzyme Levels and Corona Virus Clinical Course

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Editorial

Since its discovery, the Covid 19 infection has been spreading globally and posing a hazard to human health. This disease began in China and quickly spread throughout the world, affecting millions of people. Infection with Covid 19 affects several systems in the human body, causing organ failure. It affects the circulatory, hepatic, renal, and haematological systems, causing respiratory discomfort, particularly with pneumonia. Covid 19 illnesses are associated with elevated liver tests, the origin of which is unknown. It's thought to be caused by the Sars Cov-2 virus's direct pathogenic effects, pharmacological side effects in moderate and severe covid 19 patients, a systemic inflammatory response, or hypoxia. However, it's unclear if this increase in liver enzymes worsens the condition. Previous research on the sars coronavirus has suggested that liver enzymes may be increased in sars patients. In another investigation, it was discovered that individuals with covid 19 had higher liver enzyme levels such as aspartate Aminotransferase (AST) and Alanine Aminotransferase (ALT), suggesting that the infection could cause liver damage. The goal of our study is to look at the laboratory results of covid19-infected patients in our hospital's anaesthetic intensive care units. Determine whether liver enzymes are one of the useful predictive indicators for predicting disease severity and mortality, as well as add to the research on the subject. We divided and assessed individuals based on whether or not they needed Invasive Mechanical Ventilation (IMV) support, because the need for IMV support implies that the condition is more severe.

Between 30 March and 1 December, a total of 131 patients admitted to our hospital's anaesthetic intensive care units due to covid19 were retrospectively reviewed after receiving ethical committee approval. Participants with chronic liver disease or missing data were eliminated from the study, leaving a total of 111 patients. We analysed the medical records of patients who were followed up on and treated in anaesthetic critical care units due to COVID-19 after receiving ethical committee approval for this observational retrospective analysis. Clinical and biochemical data were acquired retrospectively from medical records after the patients were admitted to the intensive care unit.

Patients aged 18 years and older who were admitted to our hospital with complaints such as fever, cough, and shortness of breath, and after diagnostic imaging findings of COVID-19 infection, the diagnosis of COVID-19 was supported by the detection of nucleic acid in the respiratory tract by a polymerase chain reaction, and met the criteria for admission to intensive care met the criteria for admission to intensive care. Despite 100 percent oxygen support of 5 lt/min with a reservoir oxygen mask or invasive mechanical ventilation assistance, emergency departments with respiratory distress had respiratory rates above 20 and oxygen saturation of 90 and lower. Despite HFNO or CPAP support, he was transferred to invasive mechanical ventilation in cases where oxygen saturation was less than 90%, respiratory rate was greater than 20 minutes, and the patient's hemodynamic findings deteriorated.

Mortality is influenced by a variety of circumstances in critical covid 19 patients. The need for MV and intensive care beds has surged over the world as a result of the covid 19 outbreak. Predicting the severity of the condition in advance is

critical for early preparation and treatment planning, as well as predicting the need for mv and intensive care beds. The measurement of liver enzymes is a simple and inexpensive procedure that can be used in a variety of settings. In our research, we discovered that patients with elevated kc enzymes had a more severe illness. The presence of elevated liver enzymes may be one of the predictors of the severity of covid 19 disorders. More research is required.