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Editorial

COVID-19 Patients Face Effects on Digestive System

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EDITORIAL

Coronavirus disease (COVID-19) could be a neo-type respiratory communicable disease caused by severe acute respiratory syndrome coronavirus 2 (*SARS-CoV-2*; previously referred to as 2019-nCoV). *SARS-CoV-2* emerged in Wuhan, Hubei Province in late December 2019 and quickly spread throughout China and subsequently throughout over 213 countries, evolving into an outbreak and threatening global public health by human-to-human transmission. By December 29, 2020, over 79 million reported cases and over 1.7 million deaths are confirmed globally since the beginning of the pandemic. *SARS-CoV-2* could be a single-stranded positive-sense RNA virus belonging to the β coronavirus family. *SARS-CoV-2* shows over 88% homology with two bat-derived severe acute respiratory syndromes (SARS)-related coronaviruses and is identified because the eighth coronavirus with human infection capacity. Other similar coronaviruses with this capacity include *SARS-CoV*, which causes severe acute respiratory syndrome, and geographic region respiratory syndrome (*MERS-CoV*), which causes geographical area respiratory syndrome. In contrast to *SARS-CoV* and *MERS-CoV*, the new virus is extremely transmissible between individuals even during the pre-clinical phase. It's higher transmission and infection potentiality but a reported lower death rate as compared to *SARS-CoV* and *MERS-CoV*. Although respiratory compromise with dominant symptoms of fever and cough is that the cardinal feature of the disease, involvement of the gastrointestinal (GI) tract and therefore the hepatic system has been increasingly reported. During this critique, we discuss intimately GI symptoms and also the role of liver involvement in COVID-19. We also discuss the possible effects of COVID-19 in inflammatory bowel disease (IBD) patients and precautions to be taken during GI endoscopy procedures.

SARS-CoV-2 is spread and transmitted mainly through direct or indirect droplet exposure. The finding of *SARS-CoV-2* macromolecule in patients' faces indicates that *SARS-CoV-2* has the potential to be transmitted through the fecal-oral route. Several studies have reported the presence of viral RNA in faces or anal/rectal swabs of patients with COVID-19. In an exceedingly study about *SARS-CoV-2* detection within the specimens of 205 COVID-19 patients, the live virus was detected in 29% of fecal specimens, implying that *SARS-CoV-2* is also transmitted by the fecal route. Guan et al found that *SARS-CoV-2* RNA was detected in four (6.5%) of 62 stool specimens and 4 rectal swabs were positive for *SARS-CoV-2 RNA*. the share of positive stool samples has been reported up to 53.42% among hospitalized patients confirmed with COVID-19. Reported a special case of an infected COVID-19 patient with a positive virus super molecule end in a fecal specimen and negative findings on several pharyngeal and sputum samples. This case report contributes to the understanding of the infection route of SARS-CoV-2 by demonstrating that the virus can grow within the duct and should be capable of spreading through fecal-oral transmission. The duration time of positive stool results ranged from 1 to 12 d and 17 patients continued to own positive leads to stool after showing negative leads to respiratory samples. Another systematic review and meta-analysis found that viral RNA was detected in stool samples from 48.1% of patients within the study sample, even in stool collected after respiratory samples had produced negative test results. These findings indicate that viral canal infections and potential fecal transmission may have persisted even after the virus was cleared within the tract. This positive detection of *SARS-CoV-2* in stool specimens was a breakthrough because it demonstrated that the virus could replicate and exist within the digestive tube. The duration of viral super molecule in faces is longer than that in respiratory specimens, and also the peak of viral load is later. Therefore, clinicians should consider the likelihood of viral transmission through the fecal-oral route within the management of COVID-19. The importance of the high detection rate of viral RNA in fecal samples has to be more carefully considered in order that fecal-oral transmission of *SARS-CoV-2* are often better controlled and prevented.

Symptoms

The most prominent clinical presentations of COVID-19 within the existing literature are respiratory symptoms like fever, cough and sputum, and dyspnoea. System symptoms in COVID-19 patients are increasingly reported with the build-up of case data because the pandemic continues to evolve. The most commonly reported gastrointestinal symptoms of the disease are diarrhoea, anorexia, nausea, vomiting, abdominal discomfort, and gastrointestinal bleeding. Loss of appetite, diarrhoea, and vomiting were the three most frequent digestive symptoms in patients with COVID-19.

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