

GI manifestation in COVID-19


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The most commonly reported symptoms were anorexia and diarrhea.

Other manifestation :

abdominal pain, nausea, vomiting, aberrancy in sense of smell or taste

Some patients with COVID-19 have presented with isolated GI symptoms that may precede the development of respiratory symptoms.



Hepatic Manifestations

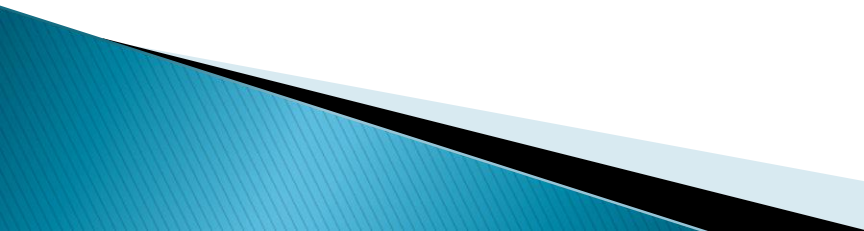
The clinical presentation of COVID-19 may include hepatic manifestations such as acute hepatitis and abnormal liver biochemical tests.

Hepatic dysfunction (MIS-C)

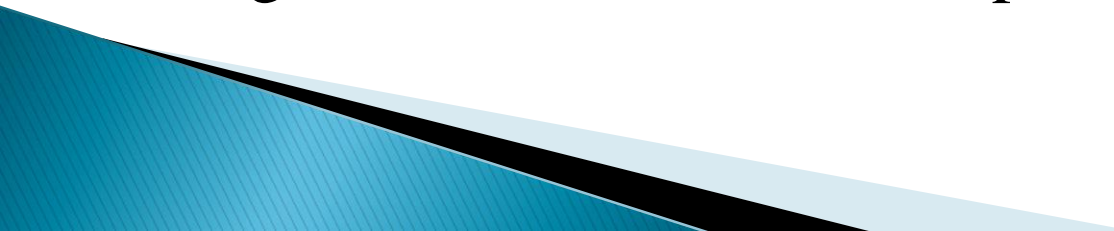


When to test for COVID-19 in patients with GI symptoms

For patients with GI symptoms, we favor testing for COVID-19 in the following cases :

- Hospitalized patients with the new onset of GI symptoms**
 - Outpatients with the new onset of GI symptoms for over 48 hours**
 - Patients with established GI disease (eg, crohn disease) with symptoms suggestive of a disease flare (eg, diarrhea, vomiting)**
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MANAGEMENT PRINCIPLES

- ▶ Use of telemedicine visits
 - ▶ Decreased frequency of routine laboratory
 - ▶ Delay nonurgent endoscopic procedures
 - ▶ For patients on glucocorticoids therapy should not be abruptly discontinued but should be used at the lowest dose possible to control the underlying disease regardless of COVID-19 exposure or infection status.
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IBD

- ▶ **Diagnostic considerations during pandemic**
 - ▶ **Patients with IBD in remission**
 - ▶ **Patients with active IBD**
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Patients without COVID-19

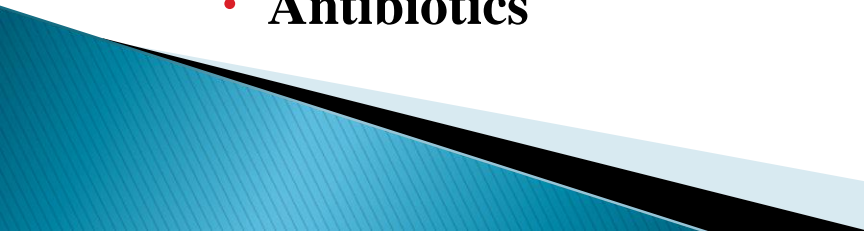
- ▶ **Patients with IBD in remission**
 - ▶ **Patients with active IBD**
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▶ **Patients with COVID -19**

▶ **Adjusting IBD medications :**

- **Therapies that can be continued without**

interruption

- **Budesonide**
 - **Aminosalicylates, including sulfasalazine**
 - **Topical rectal therapy (eg,topical glucocorticoid)**
 - **Antibiotics**
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- **Therapies that may require temporary adjustment**
 - **Systemic glucocorticoids**
 - **Immunomodulators**
 - **Biologic agents**
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