

# COVID-19: A new perspective in gastroenterology

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Since its appearance in Wuhan, Hubei province, in central China, and due to its rapid spread and severity, the Coronavirus disease (COVID-19) has been declared a “public health emergency of international importance” by the World Health Organization (WHO). It is worth mentioning that this is the sixth time that the WHO has made a pronouncement of such magnitude since the approval of International Health Regulations in 2005. (1)

This disease is transmitted from person to person through aerosols generated by coughs or sneezes. In its most critical stage, severe acute respiratory syndrome (SARS) develops. SARS is a condition that requires mechanical ventilation for a large percentage of patients. Nevertheless several already-published studies and several others that are in-publication also report gastrointestinal symptoms in infected patients. In these patients, the presence of diarrhea stands out (**Table 1**). (2-6)

**Table 1.** Gastrointestinal manifestations of patients with COVID-19

First author	Country	Patients	Diarrhea	Nausea/vomiting	Abdominal pain
Majeed et al (2)	China	2748	245 (9.1 %)	133 (7 %)	17 (2.4 %)
Garg et al (3)	United States	180	48 (26.7 %)	44 (24.4 %)	15 (8.3 %)
Kim et al (4)	South Korea	101	3 (2.97 %)	6 (5.94 %)	3 (2.97 %)
Shing Cheung et al (5)	Hong Kong	59	13 (22 %)	1 (1.7 %)	1 (11.9 %)
Escalera-Antezan et al (6)	Bolivia	12	2 (16.6 %)	1 (8.3 %)	2 (16.6 %)

COVID-19 uses angiotensin-converting enzyme 2 to enter the cell. This enzyme is not only found in the lungs but is also expressed in cells of the digestive tract, and in cholangiocytes and hepatocytes which could explain the reports of gastrointestinal manifestations. (7, 8) In turn, this would support the possibility of fecal-oral transmission of the disease. (7) This context automatically turns endoscopic centers into high-risk sites.

A number of medical societies have published their recommendations and guidelines for endoscopic procedures and outpatient follow-up. The American Association of Gastroenterology (AGA) recommends correct use of personal protective equipment and the use of negative pressure rooms during the endoscopy of patients with a confir-

med COVID-19 diagnoses as well as for those suspected of having COVID-19. (9)

For its part, the European Association for the Study of the Liver (EASL) suggests using telemedicine to reduce exposure of vulnerable patients to COVID -19 through outpatient appointments. (10) Daily clinical practice will undergo changes in the coming months and will depend on our ability to adapt so that we can continue offering the same standards of care to our patients.

From another point of view, this is an opportunity for development of research into manifestations of COVID-19 in the digestive tract, as well as its impacts on patients with chronic gastrointestinal diseases. To gain a better understanding of the behavior of this disease in our region.

Despite difficulties in determining the real impact of this epidemic, new opportunities have been created for development of skills and tools that will set the course for patient care.

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