

Biochemical Parameters Among Covid-19 Patients Admitted At A Tertiary Care Hospital, Andhra Pradesh.

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Abstract

INTRODUCTION: COVID-19 is caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Monitoring of biochemical parameters in COVID-19 patients is critical for assessing disease severity and progression as well as monitoring therapeutic intervention. **MATERIAL & METHODS:** It was a hospital based retrospective study conducted at a tertiary care hospital from Vijayawada. A pre designed schedule was designed to get the relevant data. Data on 200 admitted COVID-19 patients was taken from the hospital case records using that schedule. Study variables included demographic characteristics like age, sex, biochemical parameters and outcome. **RESULTS:** A total of 200 hospital case records data was analyzed. Mean age of the study population was 45.85 ± 14.30 years with majority (29%, n=58) belonging to 51-60 years age group. Gender wise distribution showed that more than three fourth (69%, n=138) being males. All biochemical parameters were significantly higher among patients who expired in the hospital compared with those patients who recovered. **CONCLUSIONS:** Study highlights the importance of biochemical parameters as a prognostic value among COVID-19 patients. Early intervention and periodic monitoring of these parameters in patients, especially with higher disease severity may help in improving disease outcome.

Keywords: Covid-19, biochemical parameters, outcome

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I. Introduction

Ever since first case of Coronavirus disease 2019 (COVID-19) identified in Wuhan, China in December 2019; it has since then spread worldwide leading to the ongoing Pandemic. COVID-19 is caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). WHO (under International Health Regulations) has declared this outbreak as a "Public Health Emergency of International Concern" (PHEIC) on 30th January 2020. WHO subsequently declared COVID-19 a pandemic on 11th March, 2020.^[1,2]

Ever since COVID-19 emerged, being caused by a novel strain; limited information was available at the initial stages regarding the modes of transmission, pathophysiology and management. As the time was moving on, more and more information emerged and guidelines also were updated time to time.^[3]

The common laboratory abnormalities in COVID-19 deceased patients included coagulation disorder (elevation of prothrombin time and D-dimer), impaired liver and kidney function (mild or moderate elevation of ALT, AST, total bilirubin, alkaline phosphatase, γ -glutamyltranspeptidase, BUN, creatinine, hypoalbuminemia, haematuria, and albuminuria), electrolyte disturbance (hypokalemia and hyponatremia), elevated inflammatory markers (CRP, ferritin, and ESR) and cytokine storm.^[4,5,6]

The mortality rate is reported to be higher among patients developing into severe or critical levels. Monitoring of biochemical parameters in COVID-19 patients is critical for assessing disease severity and progression as well as monitoring therapeutic intervention.^[7] Hence the present study has been conducted with an objective to assess the biochemical parameters among covid-19 patients admitted at a tertiary care hospital in Andhra Pradesh.

II. Material & Methods

It was a hospital based retrospective study conducted at a tertiary care hospital from Vijayawada. A pre designed schedule was designed to get the relevant data. Data on 200 admitted COVID-19 patients was taken from the hospital case records using that schedule. Case sheets were selected randomly from November & December 2020.

Study variables included demographic characteristics like age, sex, biochemical parameters including serum creatinine, blood urea, total bilirubin, direct bilirubin, indirect bilirubin, Aspartate transaminase (AST),

Alanine aminotransferase (ALT), Alkaline Phosphatase (ALP), Serum Creatinine, C-reactive protein (CRP), DEDIMER, Lactate Dehydrogenase (LDH), Interleukin-6 and outcome.

Data was entered in Microsoft Excel 2010 version and analyzed using Open Epi software version 3.01. Numerical data was presented in mean and standard deviation and categorical variables in percentages and proportions. Student 't' test was applied wherever necessary with $p < 0.05$ considered as statistically significant.

III. Results:

A total of 200 hospital case records data was analyzed. Mean age of the study population was 45.85 ± 14.30 years with majority (29%, $n=58$) belonging to 51-60 years age group. Gender wise distribution showed that more than three fourth (69%, $n=138$) were males and 31% were females with male to female ratio being 2.22:1.

Outcome: Among the total study population, majority (88%, $n=176$) recovered and got discharged. 12% ($n=24$) were expired.

Graph 1: Outcome

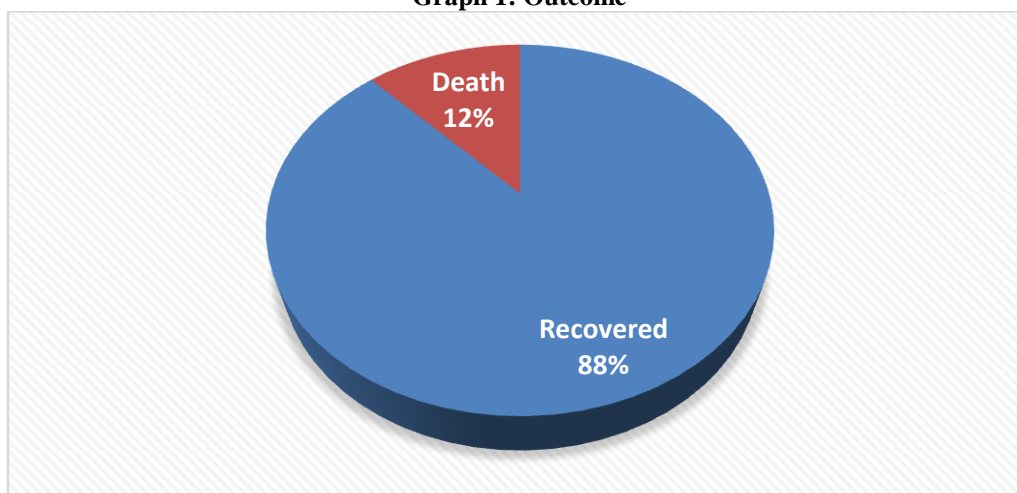


Table 1: Biochemical parameters in the study population

Variable	Total (n=200) Mean±SD	Recovered (n=176) Mean±SD	Death (n=24) Mean±SD	P value
Serum Creatinine	2.73±3.42	1.74±2.00	9.70±3.48	0.00003*
Blood Urea	70.37±60.34	54.69±42.59	183.54±51.22	<0.00001*
Total Bilirubin	1.93±4.29	1.07±1.46	8.32±9.58	<0.00001*
Direct	0.72±1.83	0.38±0.80	3.26±3.99	<0.00001*
Indirect	1.21±2.51	0.69±0.72	5.06±5.66	<0.00001*
AST	78.35±135.26	68.15±138.35	158.62±88.11	0.01*
ALT	60.96±107.58	50.04±106.83	144.66±81.29	0.00001*
ALP	122.48±71.74	111.62±64.85	200.29±69.93	0.00002*
Serum Ferritin	363.04±258.65	307.68±222.67	749.68±144.70	0.01*
CRP	8.88±9.81	6.52±7.80	25.36±6.82	<0.00001*
DEDIMER	2.79±13.55	2.22±14.45	7.10±3.54	0.0002*
LDH	445.90±450.42	298.0±184.16	1523.95±355.52	<0.00001*
Interleukin-6	28.94±100.36	3.68±4.83	214.38±211.42	<0.00001*

*t' test applied * $p < 0.05$ considered statistically significant

Various biochemical parameters such as serum creatinine, blood urea, bilirubin, liver enzymes, serum ferritin, c-reactive protein, Dedimer, Lactate Dehydrogenase (LDH) and Interleukin-6 were assessed in the admitted patients. Results showed that all biochemical parameters were significantly higher among patients who expired in the hospital compared with those patients who recovered. This highlights the importance of biochemical parameters as a prognostic value among COVID-19 patients.

IV. Discussion

Present study found that biochemical parameters were significantly higher among patients who expired in the hospital compared with those patients who recovered. Regarding outcome, present study showed high mortality rate (12%) compared to existing literature which might be due random selection of case records. Mean age was 45 years and study showed male preponderance.

Agrawal A et al study found that 97.05% (99/102) recovered while 2.94% (3/102) died. Mean age, total leucocyte count (TLC), neutrophil to lymphocyte ratio (NLR), platelet to lymphocyte ratio (PLR), and lactate dehydrogenase (LDH) of severely ill patients were significantly higher than those of patients with non-severe illness. Elevated NLR, TLC, PLR, LDH and lymphopenia were seen in the symptomatic patients especially manifesting severe disease.^[8]

Another study from Iran by Mardani R et al found that Patients with positive RT-PCR had significantly higher neutrophil (NEU) count ($p = 0.0001$), and C-reactive protein (CRP) ($p = 0.04$), lactate dehydrogenase (LDH) ($p = 0.0001$), aspartate aminotransferase (AST) ($p = 0.001$), alanine aminotransferase (ALT) ($p = 0.0001$), and Urea ($p = 0.001$) levels in serum. In addition, patients with positive RT-PCR had lower white blood cell (WBC) count ($p = 0.0001$) and serum albumin level ($p = 0.0001$) compared to others. ALT (AUC = 0.879), CRP (AUC = 0.870), NEU (AUC = 0.858), LDH (AUC = 0.835), and Urea (AUC = 0.835) had very good accuracy in predicting cases with positive RT-PCR for COVID-19, respectively.^[9]

Raad Hassan Najim, Sinan Ridhakadhim study on Biochemical and hematological parameters as a predictor for COVID-19 infection in Kirkuk city observed that 65 patients with positive PCR covid-19 infection with mean age (44.2 ± 13.1) and 65 participant as control with negative RT-PCR with mean age (41.6 ± 14.9). Patients showing significant decrease in total WBC count and Lymphocytes (P-value: 0.0001, 0.0001), and significant rise of LDH, D-Dimer, CRP and Ferritin levels (P-value: 0.004, 0.002, 0.001, 0.0001).^[10]

Comparative study of some biochemical parameters among of COVID-19 symptoms and non COVID-19 symptoms individuals from Iraq found that All three biochemical parameters increased among patients with COVID-19 symptoms, but more significantly, steadily increase was observed only in LDH value in age above and under 40 years (284.43 ± 10.29 and 321.23 ± 16.32 U/L), and p-value was (0.0488).

V. Conclusions:

Biochemical parameters were higher in the higher among patients who expired in the hospital compared with those patients who recovered. Study highlights the importance of biochemical parameters as a prognostic value among COVID-19 patients. Early intervention and periodic monitoring of these parameters in patients, especially with higher disease severity may help in improving disease outcome.

References:

- [1]. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. (February 2020). "Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study". *Lancet*. 395 (10223): 507–513. doi:10.1016/S0140-6736(20)30211-7.
- [2]. World Health Organization (WHO) on Coronavirus disease (COVID-19) pandemic. Accessed from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> [Last accessed on 01-02-2021].
- [3]. COVID-19 Guidelines. Govt. of India. Ministry of Health & Family welfare (MOHFW). Accessed from <https://www.mohfw.gov.in/> [Last accessed on 01-02-2021].
- [4]. Henry BM, de Oliveira MHS, Benoit S, Plebani M, Lippi G. Hematologic, biochemical and immune biomarker abnormalities associated with severe illness and mortality in coronavirus disease 2019 (COVID-19): a meta-analysis. *Clin Chem Lab Med*. 2020;58(7):1021–8.
- [5]. Tan L, Wang Q, Zhang D, Ding J, Huang Q, Tang YQ, et al. Lymphopenia predicts disease severity of COVID-19: a descriptive and predictive study. *Signal Transduct Target Ther*. 2020;5(1):1–3.
- [6]. Huang C, Wang Y, Li X. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395(10223):497–506.
- [7]. Jayasri K, Pooja CH, Padmaja K, Prasad PE. Review on biochemical alterations in COVID-19 patients. *Int J Clin Biochem Res* 2020;7(3):307-311.
- [8]. Agrawal A, Tyagi P, Mahavar S, Banerjee S, Sharma R, Bhandhari S, et al. Study of hematological and biochemical parameters in a cohort of Indian COVID-19 patients admitted in a tertiary care centre. *Int J Adv Med* 2020;7:1840-5.
- [9]. Mardani R, Ahmadi Vasmehjani A, Zali F, Gholami A, Mousavi Nasab S D, Kaghazian H, Kaviani M, Ahmadi N. Laboratory Parameters in Detection of COVID-19 Patients with Positive RT-PCR; a Diagnostic Accuracy Study. *Arch Acad Emerg Med*. 2020; 8(1): e43.
- [10]. Raad Hassan Najim, Sinan Ridhakadhim. Biochemical and hematological parameters as a predictor for COVID-19 infection in 65 patients diagnosed by real time-PCR in Kirkuk city. *Sys Rev Pharm* 2020;11(5):797-799.
- [11]. Shkar R, Zgar K, Rostam, Khattab Ahmed Mustafa Shekhany, Harem Othman Smail. Comparative study of some biochemical parameters among of COVID-19 symptoms and non COVID-19 symptoms individuals. *Biovalentia: Biological Research Journal*. 2020;6 (2):9-14.

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