Chronic liver disease and COVID-19: Management and recommendations - Cirrhosis and liver cancer

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Since late 2019, the COVID-19 pandemic has posed a great challenge to healthcare system worldwide, especially for care of people with pre-existing medical conditions because they may be more susceptible to SARS-CoV-2 infection. It remains unclear whether patients with chronic liver disease, such as nonalcoholic fatty liver disease, chronic viral hepatitis B and C, and alcoholic liver disease, are at increased risk of SARS-CoV-2 infection. Nevertheless, emerging evidence has supported that patients with preexisting liver disease were at increased risk of mortality compared to patients without liver disease and mortality rate was much higher in those with cirrhosis.[1-3] To reduce the risk of exposure to SARS-CoV-2, clinical practice guidance for liver diseases and liver cancer has been released[4-6]. For care of cirrhotic patients, appropriate use of telemedicine to reduce the frequency of hospital visits and avoid hospital admission are recommended. Endoscopic screening for varices should be reserved only for patients at risk of variceal bleeding and non-invasive tools such as FIB-4, LSM, platelet count should be applied for risk stratification. Guidelines on prophylaxis of spontaneous bacterial peritonitis and hepatic encephalopathy should be closely followed to prevent decompensation and avoid admission. Test for SARS-CoV-2 are suggested in patients with acute decompensation. On the other hand, patients with chronic liver disease or cirrhosis are at risk for developing hepatocellular carcinoma and require regular surveillance. Unfortunately, HCC surveillance and treatment has been deferred owing to SARS-CoV-2 spread and the overburdened healthcare systems. Deferred surveillance can result in delayed diagnosis of HCC patients in early-stage disease, leading to tumor progression. Current guideline for surveillance of HCC in COVID-19 era suggest deferring patient visits for screening HCC and avoiding frequent visits to hospitals[4-6]. However, in high risk subjects such as those with advanced cirrhosis, elevated AFP or liver nodule, HCC surveillance should be continued without delay. For HCC treatment, select patients most likely to benefit from therapies (e.g., surgical resection, radiofrequency ablation [RFA], and transarterial chemoembolization [TACE]). [5, 7] For patients who are starting or already on immunotherapy treatment, change the schedule to 4–6 weeks may be considered. [5]

In Taiwan, the risk of SARS-CoV-2 infection is relatively lower compared to the risk in other countries. Accordingly, the aforementioned treatment strategies may not be fully applicable here. Nevertheless, we should be well prepared that one day we should treat patients under threat of SARS-CoV-2 infection because we are still at risk of SARS-CoV-2 outbreak in Taiwan until the development effective vaccine or medications for it.

Reference

[1] Singh S, Khan A. Clinical Characteristics and Outcomes of Coronavirus Disease 2019 Among Patients With Preexisting Liver Disease in the United States: A Multicenter Research Network Study. *Gastroenterology*. 2020; **159**: 768-71.e3.
[2] Bajaj JS, Garcia-Tsao G, Biggins SW*, et al.* Comparison of mortality risk in patients with cirrhosis and COVID-19 compared with patients with cirrhosis alone and COVID-19 alone: multicentre matched cohort. *Gut*. 2020: gutjnl-2020-322118.
[3] Iavarone M, D'Ambrosio R, Soria A*, et al.* High rates of 30-day mortality in patients with cirrhosis and COVID-19. *Journal of hepatology*. 2020.
[4] Fix OK, Hameed B, Fontana RJ*, et al.* Clinical Best Practice Advice for Hepatology and Liver Transplant Providers During the COVID-19 Pandemic: AASLD Expert Panel Consensus Statement. *Hepatology (Baltimore, Md)*. 2020; **72**: 287-304.
[5] Lau G, Sharma M. Clinical practice guidance for hepatology and liver transplant providers during the COVID-19 pandemic: APASL expert panel consensus recommendations. *Hepatology international*. 2020; **14**: 415-28.
[6] Boettler T, Newsome PN, Mondelli MU*, et al.* Care of patients with liver disease during the COVID-19 pandemic: EASL-ESCMID position paper. *JHEP reports : innovation in hepatology*. 2020; **2**: 100113.
[7] Kudo M, Kurosaki M, Ikeda M*, et al.* Treatment of Hepatocellular Carcinoma (HCC) during the COVID-19 Outbreak: The Working Group Report of JAMTT-HCC. *Hepatology research : the official journal of the Japan Society of Hepatology*. 2020.