Advanced Cirrhosis Tied to Much Higher Risk of Death From COVID-19

This finding comes from data on COVID-19 cases diagnosed in people with chronic liver disease and reported to international registries.

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An analysis of cases of COVID-19 among people with chronic liver disease has found that having advanced cirrhosis (liver scarring) is associated with a much higher risk of death, aidsmap reports.

COVID-19 is caused by the novel coronavirus, which is officially known as SARS-CoV-2.

The international registries COVID-HEP (COVID-Hep.net) and SECURE-Cirrhosis (COVIDCirrhosis.org) were established in March to track the health outcomes of people with chronic liver disease and cirrhosis after they were diagnosed with COVID-19. COVID-HEP collects reports from Europe, while SECURE-Cirrhosis does so for North and South America and Asia.

The new analysis, published in a letter to the editor in the Journal of Hepatology, concerns 152 reports of COVID-19 cases between March 25 and April 20. All the cases included data on either death or discharge from the hospital.

Of the 152 people included in the analysis, 103 had cirrhosis.

The median age of the cohort members was 61 years old, and 59% were men. With regard to underlying conditions associated with higher risk of severe COVID-19, 21% had obesity, 21% had cardiovascular disease, 35% had diabetes and 39% had high blood pressure.

Ninety-five percent of the cases involved a hospital admission, and 23% included an intensive care unit admission. Forty-seven members (40%) of the cohort died.

After adjusting the data to account for various differences between the cohort members, the study authors found that the 18% of the cohort who had Child-Pugh Stage C liver disease (meaning the most severe cirrhosis) were 28 times more likely to die than people without cirrhosis. Sixty-three percent of those with severe cirrhosis died compared with 12% of those without cirrhosis.

People with Child-Pugh Stage B cirrhosis (moderate cirrhosis) were five times more likely to die than those without cirrhosis.

People with obesity, meaning a body mass index of 30 or greater, were four times more likely to die than those with a normal body weight.

Among those who experienced new health events associated with decompensated cirrhosis (the more advanced form of cirrhosis) after their COVID-19 diagnosis, 51% died.

“These findings have important implications for clinicians regarding risk stratification and prognostication for patients with cirrhosis and COVID-19 and suggest the need to maintain a low threshold for SARS-CoV-2 testing in the presence of new [liver] decompensation,” the study authors concluded.

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