The American Association for the Study of Liver Diseases (AASLD) released recently (June 25, 2020) the clinical best practice advise for hepatology and liver transplant providers during the COVID-19 pandemic.

The goals of this document are to provide data on what is currently known about COVID-19, and how it may impact hepatologists, liver transplant providers, and their patients. Their aim is to provide a template for developing clinical recommendations and policies to mitigate the impact of the COVID-19 pandemic on liver patients and health care providers.

These recommendations have therefore been created to protect our patients, communities, and health care workers.

Effects of SARS-CoV-2 on the Liver and Evaluation of COVID-19 Patients with Elevated Liver Biochemistries

What we know……

ACE2 is present in biliary and liver epithelial cells; therefore, the liver is a potential target for infection.15\*

• The incidence of elevated serum liver biochemistries in hospitalized patients with COVID-19 ranges from 14% to 58%.1,16–23 o Primarily elevated AST and ALT 1-2 times the upper limit of normal (ULN) and normal to modestly elevated total bilirubin early in the disease process.21–24

o Liver injury occurs more commonly in severe COVID-19 cases than in mild cases.20,22,25

o Rare cases of severe acute hepatitis have been described in patients with COVID-19.16,21,22,26

o Liver injury in mild COVID-19 cases is usually transient and does not require specific treatment beyond supportive care.20

• Low serum albumin on hospital admission is a marker of COVID-19 severity.19,22,27–29

• AST is usually higher than ALT and is associated with severe COVID-19 and mortality, which may reflect immune-mediated inflammation or non-hepatic injury.

***Recommendations***

• Patients with cirrhosis or liver cancer are potentially at increased risk for severe COVID-19. Until further data become available, there should be a low threshold for testing these patients for SARS-CoV-2 if symptomatic.

• Consider etiologies unrelated to COVID-19, including other viruses such as hepatitis A, B and C, and drug-induced liver injury when assessing patients with COVID-19 and elevated liver biochemistries.

• To limit unnecessary transport of patients with COVID-19, ultrasound or other advanced imaging (e.g., MRI/MRCP) should be avoided unless it is likely to change management, e.g., clinical suspicion for biliary obstruction or hepatic/portal venous thrombosis.

• Consider other causes of elevated liver biochemistries, including myositis (particularly when AST>ALT), cardiac injury, ischemia, drug-induced liver injury, and cytokine release syndrome.

• The presence of abnormal liver biochemistries should not be a contraindication to using investigational or off-label therapeutics for COVID-19 (e.g., remdesivir, tocilizumab), although AST or ALT levels >5x ULN may exclude patients from consideration of some investigational agents.

• Regular monitoring of liver biochemistries should be performed in all hospitalized COVID-19 patients, particularly those treated with remdesivir or tocilizumab, regardless of baseline values.

For more information details, please use the link below:

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