

TOOLKIT GUIDE

Digestive tract symptoms among prolonged Covid-19 symptoms

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The digestive tract undoubtedly has an important role in prolonged COVID-19 symptoms.

Approximately 20% of patients report digestive tract symptoms during the prolonged COVID phase (1–3).

These symptoms may be:

- Chronic diarrhoea, which is the most common (approximately 6 to 10% of patients).
- Symptoms of gastro-oesophageal reflux (pyrosis, regurgitation).
- Painful dyspepsia associated with epigastric pains coinciding with food intake, early satiety, slow digestion, epigastric fullness. Less frequently, nausea and vomiting.
- Isolated abdominal pains, sometimes coinciding with food intake, generally diffuse.
- More rarely, bloating and constipation.
- Some patients complain of having developed an intolerance to certain foods, and choose to avoid carbohydrates, gluten, or dairy, which can sometimes lead to a very restrictive diet.
- These digestive tract symptoms may cause noticeable weight loss.
- Digestive tract symptoms are often of moderate intensity (4), rarely isolated, and generally fit into a context of multiple systemic somatoform complaints (2, 4).

Why do these patients present with digestive tract symptoms?

No mechanism has been clearly identified to date.

Several theories, which may be connected, have been suggested:

- a result of anxiety or stress caused by the epidemic and lockdown periods;
- dysautonomia stemming from injury of the 10th cranial pair (vagal or pneumogastric nerve);
- persistent viral digestive tract infection;
- cytokine storm with inappropriate interferon, cytokine or histamine secretion;
- abnormalities in the microbiota or dysbiosis.

How to investigate patients with prolonged digestive tract symptoms?

In any case, it is vital to screen for signs that might suggest an organic disease for which the treatment may have been delayed.

The following investigations may be conducted in cases of digestive tract symptoms:

- Standard laboratory work-up to screen for inflammatory syndrome, anaemia.
- Stool culture and stool parasite testing have low efficiency, and are aimed at ruling out other causes.
- Depending on the symptoms, their intensity and response rate:
 - oeso-gastro-duodenal endoscopy and/or colonoscopy (with systematic biopsies in cases of diarrhoea);
 - medical imaging: sonography, slice imaging.

What can we offer patients who continue to have prolonged digestive tract symptoms?

Failing an identified physiopathological mechanism, treatment is essentially symptomatic based on standard functional digestive syndrome treatments. No well-conducted studies have been reported in the literature.

Digestive symptoms must be managed with a stepwise approach, as part of overall multidisciplinary management.

In the case of resistance to standard first-line treatments, request specialist advice and refer for additional investigations.

- In cases of oesophagitis or gastritis:
 - anti-reflux medicines (alginates, antacids) and PPIs at adjusted dose.
- In cases of diarrhoea, with no identified lesions,
 - antimotility medicines (loperamide) or antisecretory medicines (racecadotril), at adjusted dose.
- In cases of pain:
 - antispasmodics (phloroglucinol, alverine, trimebutine, mebeverine, etc.).
 - step 1 and 2 analgesics: generally ineffective on functional abdominal pains. Opiates must not be used.
 - Nefopam: taken on a one-off basis, effective in managing bouts of intense pain.
 - centrally-acting substances (antidepressants, pregabalin, etc.): only in resistant forms, after a full assessment.
- Diet:
 - In the course of functional digestive syndromes, a low-FODMAP (Fructo- Oligo- Di-Monosaccharides And Polyols) diet has been shown to be effective. It could be recommended to patients with prolonged COVID symptoms suggesting food intolerances.
 - In any case, it is important to avoid overly restrictive diets which could lead to weight loss or deficiencies.
- In the event of persistent dysbiosis, probiotic treatment could be envisaged.
- Piecemeal data suggest that anti-H2 agents (famotidine) might offer some efficacy for some functional symptoms.
- The role of cognitive behavioural therapy is still unclear

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