

# Pathogenesis: Gastrointestinal PACS

## ➤ **Persistent and aberrant inflammation**<sup>34,35</sup>

- Longitudinal Cohort Studies:
  - Elevated IFN $\beta$  and IFN $\lambda$ 1 at 8 months post COVID-19
- Induction of autoimmunity

## ➤ **Viral persistence post acute COVID-19**<sup>36</sup>

- Documented in multiple organs, including GI tract
- Conclusive evidence linking viral persistent to PACS not yet demonstrated

# Pathogenesis: Gastrointestinal PACS

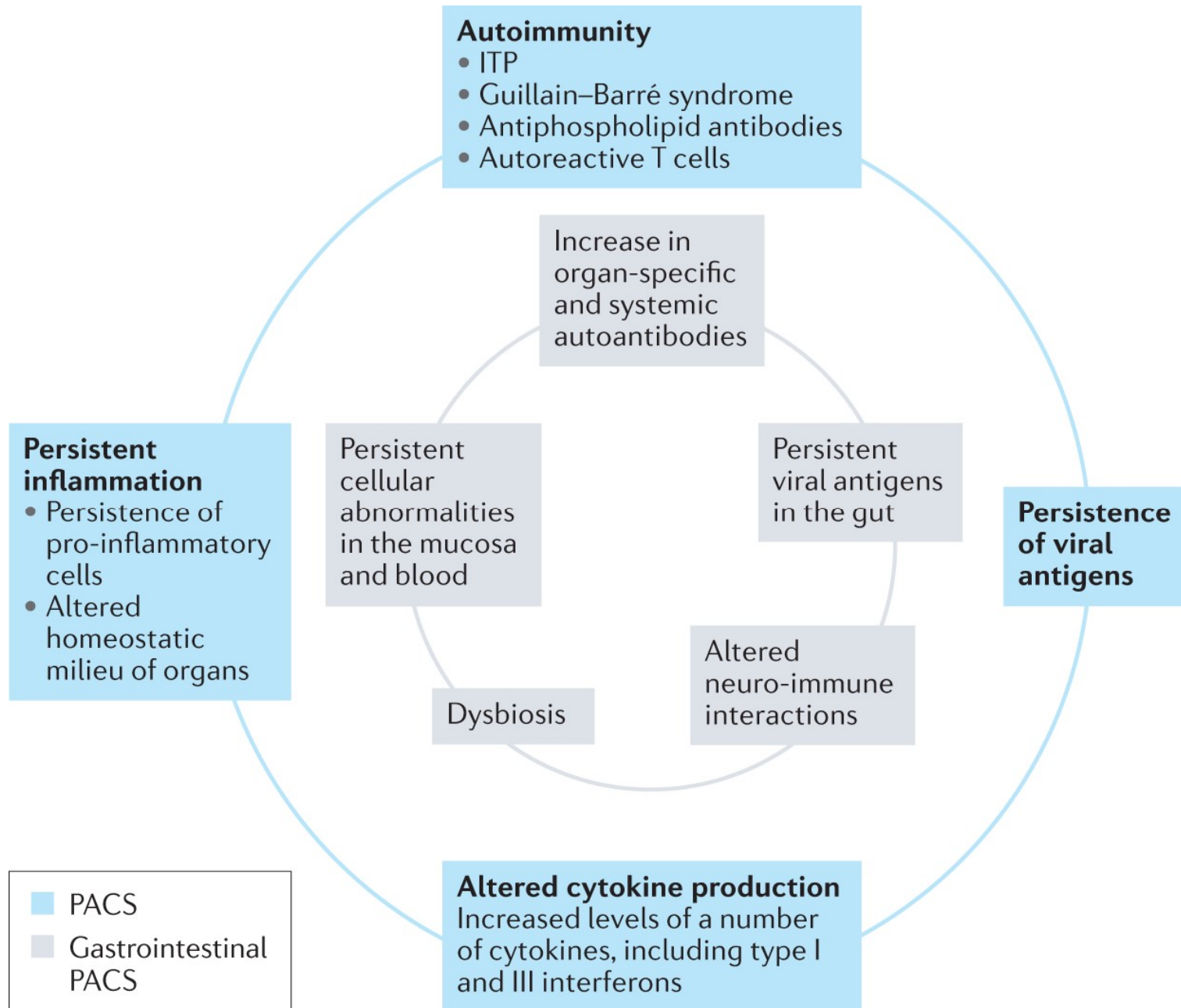
## ➤ **Microbiome<sup>37</sup>**

- Prospective Cohort of 106 patients with G-PACS
- Reduced microbial diversity/specific microbiome profiles associated with G-PACS at six months

## ➤ **Motility-related disorder<sup>36</sup>**

- New onset Irritable Bowel Syndrome or Functional Dyspepsia
- Pathophysiology unclear
- Very limited data

# PACS & Gastrointestinal PACS<sup>35</sup>



# Gastrointestinal PACS

- IBD onset post acute COVID-19 infection
  - Several case reports<sup>35,38,39</sup>
  - Crohn's disease and Ulcerative Colitis
  
- Limited and emerging data

# Gastrointestinal PACS

## ➤ Investigations:

- Screening blood tests
- Faecal Calprotectin
- Gastroscopy and/or Colonoscopy

# Gastrointestinal PACS: Management

➤ Largely expert opinion

➤ **General principles:**

- Adequate hydration
- Mediterranean diet
  - Reduction in processed foods
- Individualise specific therapies
  - According to symptom constellation and investigation findings
- Specialist input often required
- Consider Psychologist input
  - If unable to achieve satisfactory symptom control
  - Emerging data suggests altered brain-gut axis
  - CBT/Gut-Directed Hypnotherapy

# Gastrointestinal PACS: Management

## ➤ **Dyspepsia:**

- Avoid triggering foods
- PPI first line
- Could consider H2 antagonist/Prokinetic

## ➤ **Altered Bowel Habit:**

- No endoscopic evidence of inflammation
- Manage as post infectious Irritable Bowel Syndrome

## ➤ **Terminal Ileitis/Colitis on Colonoscopy:**

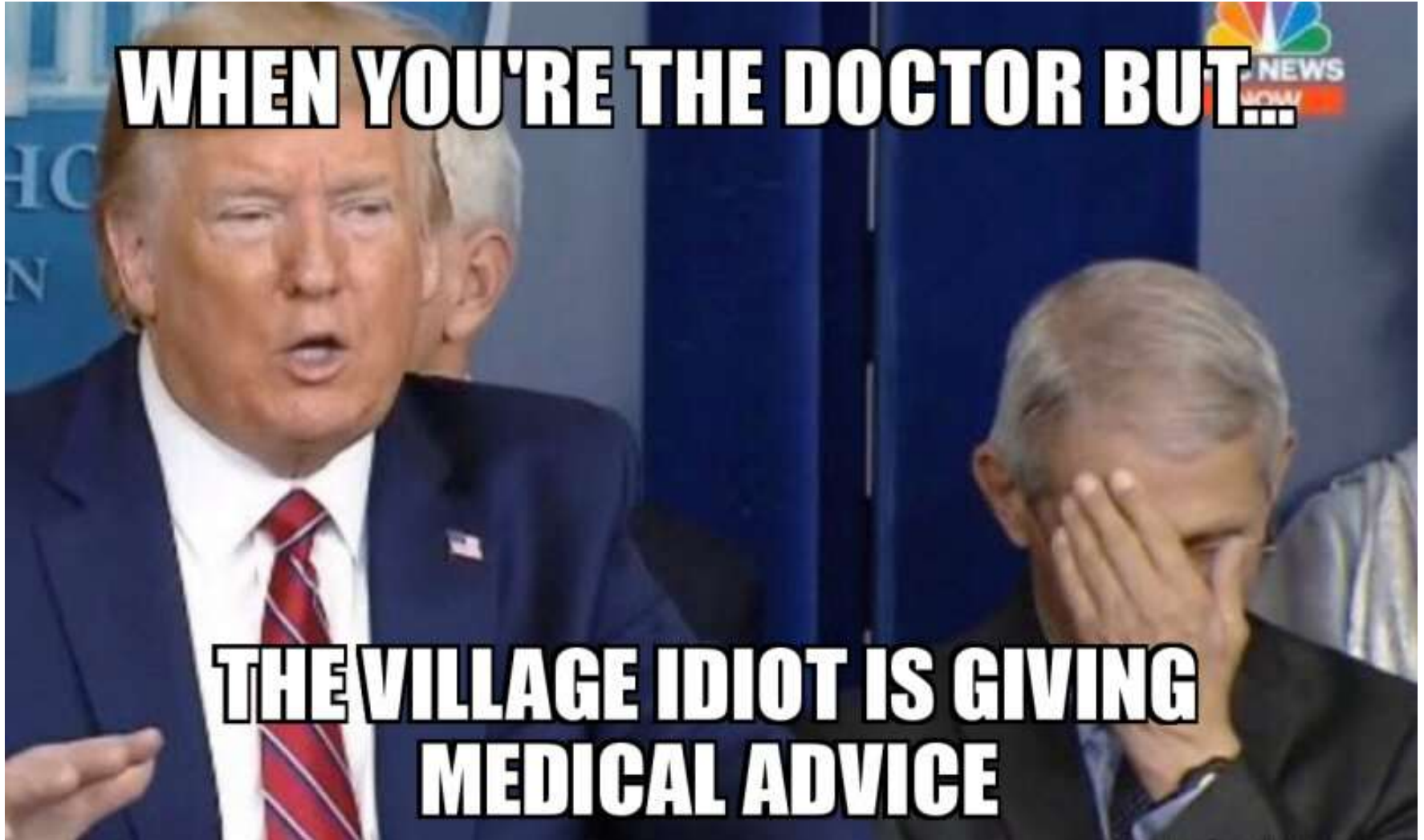
- Exclude co-existent infection
- Consider new onset IBD

# Summary

- **GI manifestations of COVID-19 are common**
- **Consider COVID-19 testing if GI symptoms >24 hours**
- **COVID-19 can be associated with severe GI complications**
  - **Acute Cholecystitis/Pancreatitis/Ileus/Mesenteric Ischaemia**
- **Outpatient Endoscopy generally low risk 14 days post diagnosis of COVID-19**
- **Rising Long Covid prevalence:**
  - **Consider Endoscopic evaluation if symptomatic from GI perspective**



**Thank you!**





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