

Influence of the COVID-19 on HCC Patients and its Reverberations

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Abstract

The COVID-19 outbreak has affected worldwide in the grievous way. The victims of COVID-19 who are having previous ailments are more prone to severe condition and death. Hepatocellular Carcinoma (HCC) is one such liver cancer which needs timely treatment and care. HCC patients are more susceptible to severe Corona Virus infection and should be treated with priority. The current work is a review on the influence of COVID-19 on HCC patients.

Keywords: COVID-19, Chronic hepatitis B (CHB), Hepatocellular Carcinoma (HCC), Liver Function Test (LFT), Pandemic, Severe Acute Respiratory Syndrome Corona Virus 2(SARS-CoV-2).

Introduction

The COVID-19 global pandemic has established a massive challenge for healthcare systems. Since there is a need for critical care and service to COVID-19 patients, cancer patients have been affected by unavailability of immediate care in case of severe stage.

Malignancy which is diagnosed in critical stage when the survival time is limited, and it needs immediate attention and treatment. If the patient is exposed to corona virus, the condition may still worsen. Also lack of timely medical services can influence the health condition in a serious way. The current work focusses on study of COVID-19

COVID-19 and its impact on HCC patients: A review

pandemic. The scarcity of medical resources such as operating room, radiation therapy, chemotherapy care, shortage of personal protection equipment, medical personnel was considered in the review which affected the high-risk HCC patients. There may be possible increase in morbidity and mortality rate due to COVID-19 which is a result of combination of diagnosis of cancer and comorbidities. The data that are been published showed that the patients with comorbidities are at increased risk who need intensive care unit, ventilators in priority and are prone to death. HCC is often accomplished by comorbidities and are susceptible to COVID-19 easily. In the review BCLC 0, A, B, C stage was recommended for HCC diagnosis and treatment (Figure 2).

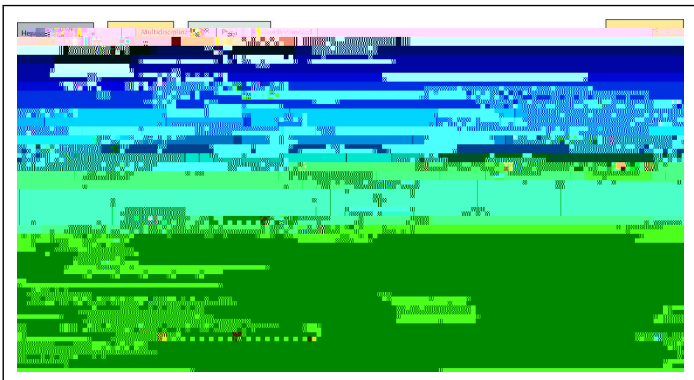


Figure 2: Proposed treatment pathway for hepatocellular carcinoma during the COVID-19 pandemic

Figure 2 was proposed by the authors for the treatment of Hepatocellular Carcinoma (HCC). It is very much essential to focus on all kinds of health ailments during the COVID-19 pandemic. Liver being one of the prominent parts of the human body requires special attention as it may get deranged due to consumption of high dose drugs for the corona treatment. A work was carried out where in a panel called The Asia-Pacific Working Group for Liver Derangement was formed. This working group carried out the survey at Asia-Pacific region where the liver disease is more prevalent and with the special focus on the patients who are prone to the risk of liver derangement. The research focused on management of liver disorder during the pandemic considering various scenarios like: should pharmacological treatment be continued for COVID-19 patients with liver derangement? is it necessary to get the liver function tested for all COVID-19 patients? the drug-drug interaction risk when patients are treated for liver disease and COVID-19, the recommended treatment and precaution for NAFLD(Non-Alcoholic Fatty Liver Disease) patients who are exposed to COVID-19, managing HCC patients during the pandemic, carrying out screening for COVID-19 patients, the safety and precautionary measures that has to be taken for patients in case of liver transplantation and the care that has to be taken after transplantation, whether there is a requirement of admitting the cirrhosis patient into intensive care unit if at all he develops respiratory disorder due to COVID-19. Since COVID-19 is a new pandemic, the authors in the study needed more data for better understanding of COVID-19 impact on liver and its adequate management [3].

The COVID-19 outbreak not only have affected immediate treatment for critical medical conditions, but also made huge difference in medical education and practice as well. A study focused on discussing the impact of COVID-19 on medical and gastroenterological education. With the rapid spread of pandemic, the

whole education system in many contagious areas encountered compulsory shutdown of in-person activities to conform with social distancing. Huge number of student population stopped their participation in educational field. The institutes and universities had to suspend their in-person teaching and switch to online coaching to ensure continuity of the education. The COVID-19 demanded restructuring of medical education. Apart from critical oncological and cases with urgent requirements, elective procedures like surgical intervention, outpatient visits were reduced and eliminated. This also affected faculty interns, medical practitioners, and medical students from the area of gastroenterology from gaining more knowledge through regular case studies and practice. The practitioners in charge of emergencies like gastrointestinal bleeding, end stage liver disease etc., continued to serve. The paper suggested two solutions for effective implementation of endoscopic training in the COVID-19 era. First one is the augmentation of virtual training, webinars by

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chemotherapy and other high dose medicines. They need to be treated in COVID-19-free hospitals. The working group discussed different scenarios that must be considered to carry out the therapy for HCC patients. Patients who need liver transplant and surgical resection may be taken on priority. Patients should be tested for COVID-19 before surgery. Patient who have comorbidities are easily vulnerable to COVID-19, so they must avoid from resection and treated with medicines by postponing the surgery. Radiofrequency Ablation (RFA) therapy can be carried out based on the tumor characteristics and admitted the hospital only in urgent case. The patients can be treated with tumor suppression therapy instead if there is lack of necessary amenities in the COVID- 19 free hospitals. Trans Arterial Chemoembolization (TACE) should be carried based on stage of tumor. It is mandatory to evaluate the risks, complications, and benefits of TACE before taking decision about the treatment. Patients who can take advantage of systemic therapy can be considered based on performance status. The no of hospital visits can be reduced and visiting interval can be increased by treating them with telephone-based consultations. Hepatic arterial infusion chemotherapy (HAIC) can benefit the patients who are not responding to the systemic therapy or advanced vascular invasion. Patients with comorbidities cannot be considered for this treatment as they get easily exposed to COVID-19 infection. The JAMTT working group developed a CONTINGENCY GUIDE due to two reasons. First, there were shortage of resources in some are

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