Correlation between gastrointestinal symptoms and disease severity in patients with COVID-19: a systematic review and meta-analysis

Jing Liu, Min Cui, Tao Yang, Ping Yao

ABSTRACT

Objective To study the correlation between gastrointestinal (GI) symptoms and disease severity in patients with COVID-19.

Design We searched six databases including three Chinese and three English databases for all the published articles on COVID-19. Studies were screened according to inclusion and exclusion criteria. The relevant data were extracted and all the statistical analyses were performed using Revman5.3.

Result In a meta-analysis of 9 studies, comprising 3022 patients, 479 patients (13.7%, 95% CI 0.125 to 0.149) had severe disease and 624 patients (14.7%, 95% CI 0.136 to 0.159) had GI symptoms. Of 624 patients with GI symptoms, 118 patients had severe disease (20.5%, 95% CI 0.133 to 0.276) and of 2397 cases without GI symptoms, 361 patients had severe disease (18.2%, 95% CI 0.129 to 0.235). Comparing disease severity of patients with and without GI symptoms, the results indicated: P=0.62, OR=1.21, 95% CI 0.94 to 1.56, p=0.13; there was no statistically significant difference between the two groups. The funnel plot was symmetrical with no publication bias.

Conclusion Current results are not sufficient to demonstrate a significant correlation between GI symptoms and disease severity in patients with COVID-19.

INTRODUCTION

Since December 2019, novel coronavirus (SARS-CoV-2)-infected disease (COVID-19) has gradually swept the world. Morbidity and mortality are increasing due to the high infectivity of the disease worldwide. By 20 April 2020, a total of 2291281 infections and 160444 deaths had been confirmed in 211 countries and regions, with a case fatality rate of 7%, and the number of infections and deaths was dramatically rising daily. SARS-CoV-2 belongs to the same coronavirus family as SARS-CoV and MERS-CoV.1 But its transmission speed is higher than the other two, and transmission channels are more diversified, including respiratory and digestive tract.2 3 Earlier studies indicated that the clinical symptoms of COVID-19 vary and not all appear as respiratory symptoms. In some cases, the main symptoms are gastrointestinal (GI) symptoms such as abdominal pain, diarrhea, nausea, and vomiting.4 Moreover, there are many patients of severe disease with GI symptoms.5 Hence, it is essential to explore the correlation between digestive symptoms and disease severity, so as to pre-estimate the disease severity and give appropriate early special care and treatment.

MATERIAL AND METHODS

Search strategy
Six medical databases were searched including three English databases (Pubmed, Cochrane Library and Embase) and three Chinese databases (CNKI, Wan Fang Data, and others).
China Science and Technology Journal Database). The keywords are as follows: ‘COVID-19’, ‘gastrointestinal symptoms’ and so on.

**Inclusion/exclusion criteria**

Inclusive criteria: (1) research types: cross-sectional studies, case control studies and case series; (2) research subjects: patients with confirmed COVID-19; (3) data items: including demographic characteristics (age and gender), clinical characteristics (fever, dry cough, fatigue, nausea and vomiting, abdominal pain and diarrhoea) and comorbidities (hypertension and diabetes). Exclusive criteria: (1) the type of study is case report, review and so on; (2) repeated research; (3) lack of the above case data; (4) animal experiments.

**Data extraction and paper quality evaluation**

A total of 2324 articles were retrieved. Browse the titles and abstracts, remove duplicate references, leaving 57 studies. After reading the full text, 48 articles were...
Liu J, et al. BMJ Open Gastro 2020;7:e000437. doi:10.1136/bmjgast-2020-000437

removed. Finally, a total of 9 studies5–13 (including 8 English articles and 1 Chinese literature) and 3022 patients were included (figure 1). The Newcastle-Ottawa Scale (NOS) scoring system scored an average of 7.7 (6–8), indicating that the quality of selected studies was relatively high.

**Figure 3** The incidence of severe type.

**Figure 4** The incidence of clinical features: (A) GI symptoms, (B) fever, (C) dry cough and (D) fatigue. GI, gastrointestinal.

**Figure 5** The incidence of comorbidities: (A) hypertension and (B) diabetes.

Statistical analysis

Meta-analysis was performed using Revman 5.3. I² statistics are calculated to measure the proportion of total variation in study estimates attributed to heterogeneity. The combined OR and 95% CI (p<0.05) were calculated
for heterogeneity. The forest plot and funnel plot were developed to assess heterogeneity and publication bias.

RESULT

Demographical characteristics, clinical features and comorbidities

The main characteristics of all included studies are as follows: 50% patients are male (95% CI 0.482 to 0.518) and mean age of patients was 49.7 (95% CI 49.213 to 50.244) (figure 2). A total of 479 patients with COVID-19 (13.7%, 95% CI 0.125 to 0.149) had severe disease (figure 3) and 624 patients (14.7%, 95% CI 0.136 to 0.159) had GI symptoms. The incidence of fever was 85.9% (95% CI 0.846 to 0.872), that of dry cough was 60.5% (95% CI 0.588 to 0.623) and that of fatigue was 32.2% (95% CI 0.305 to 0.339) (figure 4). The incidence of comorbidities, including hypertension and diabetes was 17.1% (95% CI 0.156 to 0.185) and 8.1% (95% CI 0.070 to 0.091), respectively (figure 5).

Gastrointestinal symptoms

As shown in table 1, of 624 patients with COVID-19 with GI symptoms, 118 patients had severe disease (20.5%, 95% CI 0.133 to 0.276) and of 2397 cases without GI symptoms, 361 patients were severe (18.2%, 95% CI 0.129 to 0.235) (figure 6). Comparing the severity of COVID-19 in patients with and without GI symptoms, the results indicated: I²=62%; the heterogeneity among studies was moderate. For OR=1.21, 95% CI 0.94 to 1.56, and p=0.13, there was no statistically significant difference in severity of COVID-19 between patients with and without GI symptoms (figure 7). The funnel plot was symmetrical with no publication bias (figure 8). The outcome showed that there was no significant correlation between GI symptoms and disease severity in patients with COVID-19.

DISCUSSION

In this study, fever (85.9%) and respiratory symptoms (60.5%) were still the main manifestations in patients with COVID-19, but GI symptoms (14.7%), such as nausea,
vomiting, diarrhoea and abdominal pain, also appeared in a considerable number of patients, which was consistent with the previous study that Huang et al. conducted. Wang et al. reported that abdominal pain was more frequent in patients who required intensive care unit care than those who did not. In addition, Holshue et al. and Gui et al. suggested that the crucial ACE2 receptor of SARS-CoV-2 infecting cells was expressed in lung AT2 cells and in intestinal epithelial cells. The study conducted by Lukassen et al. showed that organs with ACE2 expressing cells may be considered as potential infection sites and transmission routes for SARS-CoV-2. Liang et al. reported that due to the high ACE2 expression in proximal and distal enterocytes, intestine may be vulnerable to SARS-CoV-2 infection. GI symptoms, such as vomiting and diarrhoea, lead to the interruption of intestinal flora and electrolyte disturbance such as low potassium and imbalance of water and sodium. This is likely to worsen the patients’ condition. However, the result of this meta-analysis showed that there was no statistical correlation between the presence of GI symptoms and the severity of COVID-19. Although there was no statistical significance, the result that the proportion of severe disease in patients with GI symptoms (20.5%) was higher than that in patients without GI symptoms (18.2%) was evident. This study also has some limitations: (1) the languages of retrieval literature are limited to Chinese and English and all the articles are limited to published literature and (2) GI symptoms may be under-reported in some studies, which may cause a lower pooled prevalence rate. Despite the limitations, this meta-analysis overcomes the shortcomings of small sample size and regional restrictions. The heterogeneity and publication bias among the studies are moderate and the results are relatively objective. In summary, current findings are not sufficient to demonstrate a significant correlation between GI symptoms and disease severity in patients with COVID-19. Large multicentric prospective studies are required to confirm our findings.

Acknowledgements The authors would like to thank the Department of Gastroenterology, Xinjiang Medical University Affiliated First Hospital for support of funding this research. The authors would also like to thank the frontline medical staff of Xinjiang Province for their bravery and efforts in SARS-CoV-2 prevention and control.

Contributors JL designed the study, analysed the data and wrote the paper. MC and TY collected data and performed the study. PY designed the study, supervised the whole study process and critically revised the manuscript.

Funding This study was funded by National Science Funding of China (81760100).

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement All data relevant to the study are included in the article or uploaded as supplementary information.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iD Ping Yao http://orcid.org/0000-0002-7785-1626

REFERENCES

1 Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. N Engl J Med 2020;382:1199–207.
2 Zhou P, Yang X-L, Wang X-G, et al. A pneumonia outbreak associated with a new coronavirus of probable bat origin. Nature 2020;579:270–3.
3 Xu Z, Shi L, Wang Y, et al. Pathological findings of COVID-19 associated with acute respiratory distress syndrome. Lancet Respir Med 2020;8:420–2.
4 Wang J, Wang D, Chen G-C, et al. [SARS-CoV-2 infection with gastrointestinal symptoms as the first manifestation in a neonate]. Zhongguo Dang Dai Er Ke Za Zhi 2020;22:211–4.
5 Jin X, Lian J-S, Hu J-H, et al. Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. Gut 2020;69:1002–9.
6 Zhou Z, Zhao N, Shu Y, et al. Effect of gastrointestinal symptoms in patients with COVID-19. Gastroenterology 2020;158:2294–7.
7 Guan W-J, Ni Z-Y, Hu Y, et al. Clinical characteristics of coronavirus disease 2019 in China. N Engl J Med 2020;382:1708–20.
8 Zhang J-Jin, Dong X, Cao Y-Y, et al. Clinical characteristics of 140 patients infected with SARS-CoV-2 in Wuhan, China. Allergy 2020.
9 Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet 2020;395:1054–62.
10 Fang D, JD M, Guan JL, et al. Manifestations of digestive system in hospitalized patients with novel coronavirus pneumonia Wuhan, China: a single-center, descriptive study. Chin J Dig 2020;40.
11 Lin L, Jiang X, Zhang Z, et al. Gastrointestinal symptoms of 95 cases with SARS-CoV-2 infection. Gut 2020;69:997–1001.
12 Nobel YR, Phipps M, Zucker J, et al. Gastrointestinal symptoms and coronavirus disease 2019: a case-control study from the United States. Gastroenterology 2020. doi:10.1053/j.gastro.2020.04.017. [Epub ahead of print: 12 Apr 2020].
13 Chen Q, Quan B, Li X, et al. A report of clinical diagnosis and treatment of nine cases of coronavirus disease 2019. J Med Virol 2020:32:683–7.
14 Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020;392:497–506.
15 Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. JAMA 2020;1061.
16 Holshue ML, DeBolt C, Lindquist S, et al. First case of 2019 novel coronavirus in the United States. N Engl J Med 2020;382:929–36.
17 Gui M, Song W, Zhou H, et al. Cryo–electron microscopy structures of the SARS-CoV spike glycoprotein reveal a prerequisite conformational state for receptor binding. Cell Res 2017;27:119–29.
18 Lukassen, S, Chua RL, Tzefter T, et al. SARS-CoV-2 receptor ACE2 and Tmprss2 are primarily expressed in bronchial transient secretory cells. Embo J 2020;39:e105114.
19 Liang W, Feng Z, Rao S, et al. Diarrhoea may be underestimated: a missing link in 2019 novel coronavirus. Gut 2020;69:1141–3.