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SCIENCE AND PRACTICE: IMPLEMENTATION TO MODERN SOCIETY

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Comparative analysis of calprotectin, helicobacter pylori in feces and interleukin – 6 in the blood of patients with and without COVID-19

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Introduction. It has been stated by some researchers, that the first wave of Covid-19 infection affected mainly the respiratory system, and in the second wave, the symptoms of the gastrointestinal system were more characteristic [4, 7].

According to a number of studies, the RNA of Covid-19 is detected from the 5th day of the disease, and its peak corresponds to the 11th day. In the feces of some patients, RNA is preserved even after the respiratory symptoms disappear and the appropriate tests from the respiratory organs are negative [1, 5, 6, 8, 9, 10].

It is known that the coronavirus enters the body through angiotensin-converting enzyme (ACE 2) receptors. Their high expression is observed not only in alveolar lung cells, but also in gastric, duodenal, and rectal glandular epithelial cells [2, 3, 11] and this in turn may cause gastrointestinal symptoms in this infection [8].

In the literature we studied, there is limited information on the changes observed in patients "relatively recovered" from Covid-19 with comorbid diseases of various internal organs, including gastrointestinal system. However, their timely detection and secondary prevention procedures are of great practical importance.

Aim of the study: To examine the state of the gastrointestinal organs of patients, recovered from Covid-19 using indicators of calprotectin and Helicobacter pylori in

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feces and interleukin-6 in blood.

Materials and methods of the study: In accordance with the aim of the study, 100 patients with gastrointestinal symptoms were observed. 42 of them (42%) were men and 58 (58%) were women. Patients were divided into 2 groups. The first group consisted of patients "relatively recovered" from Covid-19 with no detected immunoglobulin M but with gastrointestinal symptoms (27 men and 33 women; average age 55.06±2.1 years).

The second, i.e. control group, consisted of patients, who did not have Covid-19 but had gastrointestinal symptoms (15 men and 25 women; average age 63.4 ± 1.5 years).

The levels of calprotectin and Helicobacter pylori in feces as well as interleukin-6 in the blood of patients involved in the study were measured.

Calprotectin in feces was evaluated in mgs by "sandwich" method (ELISA) using diagnostic kit RIDASCREEN Calprotectin immunoenzymatic test (R-Biopharm, Germany).

Helicobacter pylori was evaluated with "РЭД Helicobacter pylori" (Russia) using the immunochromatic test method.

In order to evaluate serum interleukin-6 levels, a package of 96 tests of by the company "VECTOR-BEST AO" (Russia) was used. This kit is based on the quantitative determination of the above-mentioned cytokine in human blood serum using an immunoenzymatic assay.

For data processing MS Excel (2016) computer program was used. Arithmetic mean and standard deviation (M±m) of all data in following tables were calculated. To determine significance of difference between groups Student's paired and unpaired t-tests for quantitative indices. Differences were considered to be statistically significant when p<0.05.

Analysis of the study results. It is of great practical importance to evaluate inflammatory processes and permeability in the intestine of patients with Covid-19 and to restore it. For this purpose, we conducted a series of special biochemical examinations in our patients before the treatment procedures and studied the correlations between them.

The number of patients with Helicobacter pylori in their feces was compared in percentages in the main (with Covid-19) and control (without Covid-19) groups.

H. Pylori was detected in the feces of 40% of the patients of the main group (i.e. patients who have had and "relatively recovered" from Covid-19), and 17.5% of the control group who

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haven't had the infection. The differences between the two groups were statistically reliable (p<0.05). These values can be associated with the increase of H. Pylori in the body as a result of the coronavirus infection.

Calprotectin values were $114.4\pm15.88 \ \mu g/g$ and $68.23\pm12.64 \ \mu g/g$ in the main and control groups, respectively. Significant (p<0.05) differences were noted when the indicators were compared between the two groups. In patients of the main group, in whom Helicobacter pylori was detected, calprotectin values were $184.6\pm33.25 \ \mu g/g$, and in patients without it, its values were $54.8\pm7.0 \ \mu g/g$ (p<0.0001). In the control group, the values were 84.5 ± 29 . pg/ml and $57.6 \pm 12.5 \ pg/ml$, respectively. The obtained results show that the presence of Helicobacter pylori in the body of the patients infected with the coronavirus causes more intense inflammatory processes in the intestines than those without the infection. High levels of calprotectin confirm the persistence of inflammatory processes in the intestines even after the systemic effects of the coronavirus infection disappears.

In addition to the above, interleukin-6 indicators were average 20.16±1.44 mmol/l in patients, "relatively on recovered" from Covid-19, and 11.25±1.4 mmol/l in control patients, and the differences were highly significant (p <0.05). In the patients of the main group, in whom Helicobacter pylori was detected, interleukin-6 values were 26.1 \pm 1.7 µg/g and in the main group patients without H. pylori, the values were 14.4 \pm 1.74 μ g/g and were reliably different from each other (p<0.0001). In the control group, 14.5±2.49 pg/ml 8.0±2.5 values were and the pg/ml respectively. This confirms that inflammatory cytokines remain elevated not only during the acute period of the disease, but also after clinical recovery and means that patients need rehabilitation measures.

The coronavirus infection directly affects the epithelia of the mucous membrane of the gastrointestinal tract, causing inflammatory processes. These changes cause an increase in inflammatory cytokines and the development of severe pathological conditions in organs. Hiqh levels of inflammatory cytokines and its reliable positive correlation with calprotectin in patients "relatively recoverd" from Covid-19 with no detectable immunoglobulin M were confirmed in our study as well.

Conclusion. It was found that in the patients who had undergone Covid-19 and clinically recovered from it the levels

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of calprotectin and H. pylori in feces and interleukin-6 in the blood were significantly higher compared to the not infected. This indicates that the inflammatory process persists in their body for a long time and they need rehabilitation measures.

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