

LETTER TO THE EDITOR

No impact of COVID-19 epidemic on decompensation of alcoholic liver disease: Results from a single-centre in Milan

We read with interest the paper by Gonzalez et al.,¹ reporting an increase in alcohol-related hepatitis hospital admissions during the Covid pandemic. This finding confirms the negative impact of quarantine measures, that through social isolation may trigger alcohol misuse, and an increase in alcohol use disorders (AUD). Conflicting reports about alcohol habits during the pandemic have been published. In France, an increase in alcohol intake was observed in 24.8% of the population.² In 182 patients with pre-existing AUD in United Kingdom,³ 43 (24%) reported an increase in alcohol intake, while 34 (19%) a reduction. Conversely, a wastewater analysis in Australia showed a significant decrease in alcohol consumption in April 2020 compared to previous years.⁴ We designed a retrospective study including all patients admitted to our Hospital for acute decompensation of alcoholic liver disease (ALD) between January 2015 and December 2020. Patients were identified by searching the ICD-code for "alcoholic acute hepatitis" (571.1) or "alcoholic liver cirrhosis" (571.2). Annual incidences were calculated. In 72 months, we reported 262 admissions for decompensation of ALD, splitted as follows: 27 in 2015 (3.1/1000 admissions), 42 in 2016 (4.8/1000), 57 in 2017 (6.2/1000), 45 in 2018 (4.8/1000), 51 in 2019 (5.6/1000) and 40 in 2020 (5.8/1000). Incidence of hospitalization for acute decompensation of ALD did not differ in 2020 compared to previous years ($p = .41$). Among all admissions for decompensated cirrhosis in 2020, the proportion of alcoholic liver disease (21.7%) was not significantly increased compared to the previous 2 years (21.6% in 2018 and 24.7% in 2019). Patients were mostly males (206/262, 78.6%) with a mean age of 62.5 ± 12.2 years. 93 patients were admitted for ascites (35.5%), followed by hepatic encephalopathy (60, 22.9%), digestive bleeding (41, 15.6%), jaundice (39, 14.9%) and sepsis (29, 11.1%). Median MELD at admission was 18.7 ± 6.9 . 35 patients (13.4%) died during hospitalization, while 5 (1.9%) were referred to liver transplantation. Patients admitted in 2020 had similar epidemiological features and did not differ in terms of severity of liver disease, mortality and hospital stay. Median alcohol consumption was also not significantly increased (4.28 vs. 5.72 UA/die, $p = .23$). In conclusion, we did not see any impact of the Covid-19 pandemic on the rates of hospitalization for ALD in our centre. This highlights that, although the impact of Covid-19 on the care of patients with liver diseases has been dramatic,⁵ the impact on morbidity and mortality of liver diseases is heterogeneous.

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alcoholic liver cirrhosis, Covid-19 infection

CONFLICT OF INTEREST

All the authors have given substantial contribution to the completion of this work and have seen and approved the text in the current version. None reported a conflict of interest with respect to this manuscript.

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