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FEATURES OF CLINICAL AND LABORATORY PARAMETERS IN PATIENTS WITH POSTCOVID VISCERAL DISORDERS

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Relevance

Postcovid syndrome is currently considered as a multifactorial condition accompanied by long-term persistent disorders of various internal organs and systems. After SARS-CoV-2 infection, a significant proportion of patients develop visceral changes in their cardiovascular, hepatobiliary, metabolic, and coagulation patterns due to systemic inflammation, endothelial dysfunction, and immune response disorders.

Clinical manifestations of kidney-shaped organ disorders are often nonspecific in nature, which makes their early detection difficult. In this regard, a comprehensive assessment of clinical and laboratory parameters - markers of inflammation, tissue damage, cytolysis and coagulopathy — is of particular diagnostic value. The analysis of such indicators as C-reactive protein, LDH, transaminases, D-dimer, fibrinogen and cytokines makes it possible to objectify the severity of the pathological process and identify groups at increased risk of postcovid visceral disorders.

Studying the features of clinical and laboratory parameters in patients with postcovid visceral disorders is important for improving diagnostic algorithms and subsequent dynamic follow-up of this category of patients.



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The purpose of the study. To identify the features of the development of postcovid disorders in patients who have been infected with the SARS-CoV-2 virus.

Research materials and methods. The object of clinical research was 167 COVID-19 patients undergoing inpatient treatment at the Zangiata -2 Covid Center (Zangiata-2 Hospital). The age of the patients ranged from 20 years to 88 years (61.1 ± 12.8). There were 81 men (48.5%) and 86 women (51.5%). The patients were examined according to the protocol with standard clinical, laboratory tests, as well as special methods, including biochemical and immunochemical blood tests.

The results of the study. The results of clinical, laboratory and documentary studies of patients with postcovid disorders showed that 33 (19.7%) patients had mild and low-symptomatic course, 87 (52%) had moderate course, 47 (28%) had severe and extremely severe course. All patients were divided into 2 groups: Group I – a new coronavirus infection followed by the formation of postcovid disorders ($n=100$); group II included patients diagnosed with a new coronavirus infection without visible postcovid disorders ($n=67$). The control group included patients with acute respiratory viral infections and pneumonia of non-specific etiology ($n=25$).

The largest percentage of people with kidney disorders were people over 60 years of age – 59%, obese (45%), hypertensive in 40%, having bad habits such as smoking in 60% of cases and low physical activity in 55% of cases, respectively. The largest percentage of concomitant lesions of visceral organs occur in coronary heart disease (53%), chronic cholecystitis (50%), chronic pancreatitis (54%), hypertension (50%) and diabetes mellitus (46%), and obesity (45%).

The clinical blood test was characterized by a significant decrease in the average lymphocyte count in group I patients ($p < 0.05$) compared with the control group.



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CRP was significantly increased in patients with 10 times in patients of group I; and 9 times in group II compared with the control group ($p < 0.05$). LDH levels were significantly increased in group I patients ($818.5 \pm 59.7 \text{ U/l}$) and group II patients (555.4 ± 87.4) compared with the control group ($p < 0.05$). A moderate correlation was found between the indicators of CRP and LDH in the blood serum in the severe course of the disease (Spearman correlation coefficient (r) is 0.463). The level of AST in severe coronavirus infection was increased by 2 times, which may indicate damage to the liver or heart muscle by the COVID-19 virus. Elevated AST levels were observed in 59% of patients with moderate to severe COVID-19.

The D-dimer was significantly increased 4.4-fold in patients with severe COVID-19. Hyperfibrinogenemia was observed in patients with severe course, the average values were $4.8 \pm 1.2 \text{ g/l}$.

Conclusions

It was found that postcovid visceral disorders are most often formed in patients with moderate to severe COVID-19 and are significantly associated with age over 60 years, the presence of obesity, hypertension, cardiovascular pathology and behavioral risk factors. The development of kidney-shaped organ lesions is accompanied by pronounced laboratory signs of systemic inflammation, tissue damage and coagulation disorders, which is manifested by lymphopenia, a significant increase in C-reactive protein, LDH, transaminases, D-dimer, fibrinogen and proinflammatory cytokines. The revealed correlation between markers of inflammation and cytolysis confirms the systemic nature of the pathological process.

A comprehensive assessment of clinical, laboratory and immunochemical parameters increases the informative value of the diagnosis of postcovid visceral



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disorders and allows for more accurate identification of high-risk groups for in-depth examination and subsequent dynamic follow-up.

The practical use of extended clinical and laboratory monitoring in patients after SARS-CoV-2 infection is advisable for early detection of visceral disorders, assessment of the degree of systemic inflammation and coagulation disorders, as well as to justify an individualized follow-up plan and preventive therapy.