

Serum Ferritin as a Predictive Biomarker In COVID-19

Monika Chalotra ¹, Seema Rani ², Aabid Ahmad Khanday ³

1. Student of Microbiology at Desh Bhagat University Mandigobindgarh .
2. Assistant Professor at Desh Bhagat University Mandigobindgarh
3. Assistant Professor at Desh Bhagat University Mandigobindgarh

ABSTRACT.

Serum ferritin is a biomarker that plays a crucial role in assessing iron stores and the body's inflammatory response. In the context of COVID-19, monitoring serum ferritin levels can provide valuable insights into disease severity and prognosis. This comprehensive guide aims to help you explain to your students the significance of serum ferritin as a predictive biomarker in COVID-19. Background on COVID-19: COVID-19, its transmission, and the potential severity of the disease. Introduce the concept of biomarkers and their role in disease assessment and prediction.

INTRODUCTION

COVID-19, short for corona virus disease 2019, is an infectious illness caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, China, and has since spread globally, resulting in a pandemic. Transmission: COVID-19 primarily spreads through respiratory droplets when an infected person coughs, sneezes, talks, or breathes. These droplets can enter the body through the nose, mouth, or eyes of a person in close proximity to an infected individual. It can also spread by touching surfaces or objects contaminated with the virus and then touching the face. Potential Severity: The severity of COVID-19 can vary from mild to severe. Many individuals experience mild symptoms or are asymptomatic, meaning they show no symptoms at all. However, some people, particularly older adults and those with underlying health conditions, are at a higher risk of developing severe illness. Concept of biomarkers and their role in disease assessment and prediction. Biomarkers are measurable substances or indicators that can be found in the body, such as molecules, genes, proteins, or other biological characteristics. These biomarkers provide valuable information about various physiological and pathological processes occurring in the body, including the presence or progression of a disease. Biomarkers can be detected through various techniques, including blood tests, imaging scans, genetic tests, and molecular assays. Their discovery and validation require extensive research and rigorous testing to ensure their reliability, specificity, and sensitivity. Serum ferritin is a

protein complex that serves as a storage form of iron in the body. It is primarily found in the blood and represents the extracellular form of ferritin. Ferritin consists of two main subunits: heavy chains (H) and light chains (L), forming a spherical structure. The physiological function of serum ferritin revolves around iron homeostasis and storage. Serum ferritin levels are routinely measured in clinical practice to assess iron stores and diagnose disorders related to iron metabolism. In certain conditions, such as iron overload disorders (e.g., hemochromatosis) or iron deficiency anemia, serum ferritin levels can provide valuable information about the body's iron status. **Inflammatory Marker:** Serum ferritin serves as a marker of systemic inflammation in COVID. Elevated levels of ferritin are observed in patients with a hyperinflammatory response, such as cytokine release syndrome (CRS) or cytokine storm. Monitoring ferritin levels can aid in assessing the magnitude of the immune response and guiding appropriate treatment strategies, including the use of immunomodulatory therapies.

Triage and Resource Allocation:

In resource-limited settings, serum ferritin can be used as a triage tool to prioritize the allocation of healthcare resources. Patients with higher ferritin levels may require more intensive monitoring and management due to their increased risk of disease progression and complications.

Treatment Response and Monitoring:

Serum ferritin levels can serve as an indicator of treatment response in COVID-19 patients. Decreasing ferritin levels over time may indicate a positive response to therapy, particularly in cases involving immunomodulatory treatments aimed at controlling the hyperinflammatory response. Monitoring ferritin alongside other clinical parameters can help guide treatment decisions and assess the effectiveness of interventions.

- **Long COVID:** Serum ferritin levels may also have implications in long COVID, which refers to persistent symptoms or complications that extend beyond the acute phase of the illness. Elevated ferritin levels have been observed in some individuals experiencing prolonged symptoms, and monitoring ferritin can help assess the inflammatory component and guide management in long COVID patients. In summary, serum ferritin serves as a valuable predictive biomarker in COVID-19, aiding in assessing disease severity, prognosis, inflammatory response, treatment response, and long COVID. Integrating ferritin monitoring into clinical practice can contribute to more informed decision-making and personalized management of COVID-19 patients.

MATERIAL AND METHODS

- **Hyper-inflammation and Cytokine Storm:** In severe cases of COVID-19, an exaggerated immune response can occur, leading to a condition known as cytokine storm or cytokine release syndrome (CRS). Elevated serum ferritin levels are often observed in patients experiencing CRS. This indicates a dysregulated immune response characterized by excessive production and release of pro-inflammatory cytokines, such as interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF- α), and interleukin-1 (IL-1). The presence of cytokine storm and elevated ferritin levels suggests uncontrolled inflammation, contributing to disease severity and poor outcomes.
- **Organ Dysfunction and Multiorgan Failure:** COVID-19 can lead to organ dysfunction and multiorgan failure, particularly affecting the lungs, heart, kidneys, and liver. Elevated serum ferritin levels have been linked to organ damage and dysfunction in various studies. Ferritin-mediated iron overload and subsequent oxidative stress can contribute to tissue damage, impair organ function, and exacerbate disease severity.
- **Poor Respiratory Function:** In severe COVID-19 cases, respiratory distress and acute respiratory distress syndrome (ARDS) can occur, leading to impaired lung function. Elevated serum ferritin levels have been associated with increased likelihood of developing severe respiratory complications and the need for mechanical ventilation. High ferritin levels may reflect the extent of lung inflammation and injury, contributing to poor respiratory outcomes.
- **Hematological Abnormalities:** Elevated ferritin levels are often accompanied by abnormalities in hematological parameters. COVID-19 patients with high ferritin levels may exhibit reduced lymphocyte counts (lymphopenia) and abnormalities in clotting factors. These hematological disturbances can further contribute to disease severity, immune dysfunction, and poor prognosis.
- **Systemic Inflammation and Organ Damage:** Elevated serum ferritin levels are indicative of systemic inflammation, which can cause damage to multiple organs and systems in the body. Excessive inflammation can lead to tissue injury, impaired organ function, and overall poor clinical outcomes.
- **Association with Comorbidities:** Elevated serum ferritin levels have been observed in COVID-19 patients with underlying comorbidities such as obesity, diabetes, cardiovascular diseases, and chronic kidney disease. These comorbidities are known to increase the risk of severe disease and are associated with worse outcomes. The presence of high ferritin levels in these individuals may reflect the combined effects of systemic inflammation and the underlying disease burden, contributing to poor prognosis. It is crucial to emphasize the importance of considering serum ferritin levels in conjunction with other clinical parameters for a comprehensive assessment. While serum ferritin provides valuable information, it is just one piece of the diagnostic and prognostic puzzle.
- **Clinical Context:** Serum ferritin levels should be evaluated within the broader clinical context of the patient. Factors such as symptoms, medical history, physical examination findings, radiological imaging,

and other laboratory results need to be considered. This comprehensive approach ensures a more accurate interpretation of serum ferritin levels.

- **Differential Diagnosis:** Elevated serum ferritin levels can occur in various conditions, including infections, inflammatory disorders, malignancies, and iron overload disorders. Considering other clinical parameters helps differentiate between these conditions and avoid misinterpretation of elevated ferritin levels.
- **Inflammatory Markers:** Serum ferritin levels should be assessed in conjunction with other inflammatory markers, such as C-reactive protein (CRP), interleukin-6 (IL-6), and other cytokines. The correlation and pattern of these markers can provide a more comprehensive understanding of the underlying inflammatory response.
- **Organ Function:** Monitoring organ function and assessing other organ-specific markers alongside serum ferritin is crucial. This includes evaluating respiratory function, liver enzymes, renal function, and hematological parameters. Integration of multiple markers provides a more accurate assessment of disease severity and prognosis.
- **Treatment Response:** Evaluating serum ferritin levels in response to treatment is essential. Monitoring changes in ferritin levels alongside other clinical parameters helps determine the effectiveness of interventions and guide treatment decisions.
- **Longitudinal Monitoring:** Serial measurements of serum ferritin levels over time provide more meaningful information than a single measurement. Trends and patterns can help evaluate disease progression, response to treatment, and overall clinical trajectory.

By considering serum ferritin levels in conjunction with other clinical parameters, we can make more informed decisions regarding disease severity, prognosis, treatment strategies, and patient management. This multidimensional approach improves the accuracy and reliability of the assessment, leading to better patient outcomes.

- **Inter-Individual Variability:** Serum ferritin levels can vary significantly between individuals, even in the absence of any disease. Factors such as age, sex, genetics, body mass index (BMI), and underlying iron metabolism variations can contribute to inter-individual variability. This makes it challenging to define a universal cutoff value for elevated ferritin levels that applies to all individuals.
- **Timing and Dynamics:** The dynamics of serum ferritin levels should be considered. Ferritin levels can change over time during the course of an illness or treatment. Monitoring serial measurements and evaluating trends can provide more meaningful information than a single measurement at a specific timepoint.

- **Laboratory Variability:** There can be variability in ferritin measurements between different laboratory assays and techniques. It is important to use standardized assays and reference ranges specific to the laboratory performing the analysis.
- **Overlapping Biomarkers:** Inflammatory markers, such as C-reactive protein (CRP) and interleukin-6 (IL-6), provide additional information about the inflammatory response that may complement or influence serum ferritin levels. Combining multiple biomarkers can improve the predictive value and help overcome limitations associated with individual markers.

REFERENCES

1. Allegranzi, B. *et al.* The burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet*. 2011;377:228–241.
2. Caston-Osorio, J. J., Rivero, A. & Torre-Cisneros, J. Epidemiology of invasive fungal infection. *Int J Antimicrob Agents*. 2008;32(2):103-109.
3. Eames, I., Tang, J. W., Li, Y. & Wilson, P. Airborne disease transmission in hospitals. *Interf the Roy Soc*. 2009;6(6):697–702.
4. Clark, R. P. & de Calcina-Goff, M. L. Some aspects of the airborne transmission of infection. *J R Soc Interface*. 2009;6(6):767–782.
5. Aliabadi, A. A., Rogak, S. N., Bartlett, K. H. & Green, S. I. Preventing airborne disease transmission: a review of methods for ventilation design in health care facilities. *Adv Prev Med*. 2011;124064.
6. Brown GD, Denning DW, Gow NA, Levitz SM, Netea MG, White TC. Hidden killers: Human fungal infections. *Sci Transl Med* 2012;4:165rv13.
7. Colombo AL. Epidemiology and treatment of hematogenous candidiasis from a Brazilian perspective. *Braz J Infect Dis*. 2000;4:113-8.
8. Pfaller MA Nosocomial Candidiasis: emerging species, reservoirs and modes of transmission. *Clin Infect Dis*. 1996;22(2):8089-894.