



# A Comparative Analysis of D-Dimer and Interleukin-6 Levels in COVID-19 Survivors: Implications for Long-term Outcomes

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**Abstract.** Several studies have investigated the association between D-Dimer and Interleukin-6 levels in COVID-19 patients. Nikkhoo et al. conducted a longitudinal prospective cohort study to investigate the association between IL-6 levels and disease severity among COVID-19 patients. They found that elevated IL-6 levels were associated with increased disease severity and mortality. Huang et al. investigated the association between D-Dimer levels and disease severity among COVID-19 patients using a retrospective cohort design. They found that elevated D-Dimer levels were associated with increased disease severity, mortality, and thrombotic events. A systematic review and meta-analysis by Lippi et al. investigated the relationship between D-Dimer and Interleukin-6 levels in COVID-19 patients. They found that both biomarkers were significantly elevated in COVID-19 patients compared to healthy controls. Moreover, they found that D-Dimer levels were significantly higher in severe COVID-19 patients compared to non-severe patients. Similarly, IL-6 levels were significantly higher in severe COVID-19 patients compared to non-severe patients. Few studies have investigated the longitudinal changes in D-Dimer and Interleukin-6 levels in COVID-19 survivors. Nikkhoo et al. found that IL-6 levels decreased over time in COVID-19 survivors. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time. The findings from these studies have several implications for long-term outcomes of COVID-19. Firstly, monitoring D-Dimer and Interleukin-6 levels may aid in assessing disease progression and response to treatment. Second, studying these biomarkers could contribute to the development of targeted therapies for COVID-19 survivors.

**Keywords:** Prosthetic Hand, Machine Learning, Pattern Recognition, EMG

## 1 Introduction

COVID-19, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has had a profound impact on global health since its emergence[23]. The disease exhibits a wide range of clinical manifestations, from asymptomatic infection

to severe illness and death[5][3][8][22]. While many individuals recover from COVID-19 without long-term complications, some experience persistent symptoms and sequelae that can last for weeks or even months.

Long COVID-19 refers to the persistence of symptoms and clinical complications beyond the acute phase of the disease. It encompasses a broad spectrum of conditions, including fatigue, shortness of breath, cognitive impairment (“brain fog”), joint pain, and depression. These symptoms can significantly impact an individual’s quality of life and functional capacity[6][21][7].

D-Dimer is a fibrin degradation product that reflects ongoing coagulation and fibrinolysis processes in the body. Elevated D-Dimer levels have been observed in patients with severe COVID-19 and are associated with an increased risk of thrombotic events. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time[8][25][22].

Interleukin-6 (IL-6) is a pro-inflammatory cytokine that plays a crucial role in the immune response to infection. Studies have shown that increased IL-6 levels are associated with long COVID-19. A systematic review and meta-analysis found that IL-6 levels were significantly higher in long COVID-19 patients compared to healthy controls and individuals with acute COVID-19. This suggests that IL-6 may serve as a potential biomarker for predicting or identifying long COVID-19[11][20][18][3].

Understanding the longitudinal changes in D-Dimer and IL-6 levels in COVID-19 survivors is essential for several reasons. Firstly, it can help identify individuals at higher risk of developing long COVID-19. Secondly, monitoring these biomarkers may aid in assessing disease progression and response to treatment. Finally, studying D-Dimer and IL-6 levels could contribute to the development of targeted therapies for long COVID-19.

In conclusion, COVID-19 has wide-ranging effects on individuals’ health, with some experiencing persistent symptoms and complications beyond the acute phase. Studying biomarkers such as D-Dimer and IL-6 levels can provide valuable insights into disease progression, risk assessment, and treatment strategies for long COVID-19. Further research is needed to elucidate the underlying mechanisms and establish evidence-based guidelines for managing this emerging public health challenge.

The COVID-19 pandemic has resulted in a significant number of survivors who may experience long-term complications. Several studies have investigated the association between D-Dimer and Interleukin-6 levels in COVID-19 patients. Nikkhoo et al. conducted a longitudinal prospective cohort study to investigate the association between IL-6 levels and disease severity among COVID-19 patients. They found that elevated IL-6 levels were associated with increased disease severity and mortality . Huang et al. investigated the association between D-Dimer levels and disease severity among COVID-19 patients using a retrospective cohort design. They found that elevated D-Dimer levels were associated with increased disease severity, mortality, and thrombotic events [9][24].

However, few studies have investigated the longitudinal changes in D-Dimer and Interleukin-6 levels in COVID-19 survivors. Nikkhoo et al. found that IL-6 levels decreased over time in COVID-19 survivors. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time . Therefore, there is a gap in the liter-

ature regarding the longitudinal changes in D-Dimer and Interleukin-6 levels in COVID-19 survivors [16].

The aim of this literature review is to provide a comparative analysis of D-Dimer and Interleukin-6 levels in COVID-19 survivors and to explore their implications for long-term outcomes. The review will synthesize the findings from previous studies to identify gaps in knowledge and highlight areas for future research. The review will also discuss the potential clinical implications of monitoring D-Dimer and Interleukin-6 levels in COVID-19 survivors.

## 2 Method

### 2.1 Methods for Collecting Data

Several studies have investigated D-Dimer and Interleukin-6 levels in COVID-19 survivors using various methods. For instance, Nikkhoo et al. conducted a longitudinal prospective cohort study to investigate the association between IL-6 levels and disease severity among COVID-19 patients<sup>1</sup>. They enrolled 208 confirmed COVID-19 patients who were admitted to the Tohid Hospital in Sanandaj, Iran. Patients were classified into two groups based on their IL-6 value on the first day of admission: elevated (n=107) or not elevated/normal (n=101). The researchers followed the patients until the occurrence of final outcome (death or discharge from the hospital) and collected data on demographic and clinical characteristics, including D-Dimer levels. They used univariate methods, Chi-squared, independent two-sample T test, multiple linear regression modeling, and penalized logistic regression modeling to analyze the data[16][17][10].

Another study by Huang et al. investigated the association between D-Dimer levels and disease severity among COVID-19 patients using a retrospective cohort design. They enrolled 191 patients with confirmed COVID-19 who were admitted to Tongji Hospital in Wuhan, China. The researchers collected data on demographic and clinical characteristics, including D-Dimer levels, from electronic medical records. They used logistic regression analysis to investigate the relationship between D-Dimer levels and disease severity[9][10][13]

### 2.2 Data Analysis

The methods used to analyze data on D-Dimer and Interleukin-6 levels in COVID-19 survivors varied across studies. Nikkhoo et al. used univariate methods, Chi-squared, independent two-sample T test, multiple linear regression modeling, and penalized logistic regression modeling to analyze their data. They investigated the relationship between independent variables (including IL-6 levels) and interesting outcomes (such as death occurrence) using multiple linear regression modeling. Huang et al. used logistic regression analysis to investigate the relationship between D-Dimer levels and disease severity[16][9].

In addition to these methods, other studies have used machine learning algorithms to analyze data on D-Dimer and Interleukin-6 levels in COVID-19 survivors. For example, Zhang et al. developed a machine learning model to predict mortality risk among COVID-19 patients based on clinical features and laboratory parameters, including D-Dimer and IL-6 levels. They used a random forest algorithm to identify important features for predicting mortality risk [25].

In conclusion, several studies have investigated D-Dimer and Interleukin-6 levels in COVID-19 survivors using various methods such as longitudinal prospective cohort studies and retrospective cohort designs. Data analysis methods have included univariate methods, Chi-squared tests, independent two-sample T tests, multiple linear regression modeling, penalized logistic regression modeling, logistic regression analysis, and machine learning algorithms such as random forest. These studies have provided valuable insights into the role of biomarkers such as D-Dimer and IL-6 levels in predicting disease severity and long-term outcomes of COVID-19.

### **3 Results**

Several studies have investigated D-Dimer and Interleukin-6 levels in COVID-19 survivors. Nikkhoo et al. conducted a longitudinal prospective cohort study to investigate the association between IL-6 levels and disease severity among COVID-19 patients. They found that elevated IL-6 levels were associated with increased disease severity and mortality. Huang et al. investigated the association between D-Dimer levels and disease severity among COVID-19 patients using a retrospective cohort design. They found that elevated D-Dimer levels were associated with increased disease severity, mortality, and thrombotic events[16].

A systematic review and meta-analysis by Lippi et al. investigated the relationship between D-Dimer and Interleukin-6 levels in COVID-19 patients. They found that both biomarkers were significantly elevated in COVID-19 patients compared to healthy controls. Moreover, they found that D-Dimer levels were significantly higher in severe COVID-19 patients compared to non-severe patients. Similarly, IL-6 levels were significantly higher in severe COVID-19 patients compared to non-severe patients[19][15].

## **4 Discussion**

### **4.1 Comparison of D-Dimer and Interleukin-6 Levels in COVID-19 Survivors**

Few studies have investigated the longitudinal changes in D-Dimer and Interleukin-6 levels in COVID-19 survivors. Nikkhoo et al. found that IL-6 levels decreased over time in COVID-19 survivors. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time.

## 4.2 Implications of These Findings for Long-Term Outcomes

The findings from these studies have several implications for long-term outcomes of COVID-19. Firstly, monitoring D-Dimer and Interleukin-6 levels may aid in assessing disease progression and response to treatment. Secondly, studying these biomarkers could contribute to the development of targeted therapies for long COVID-19. Finally, understanding the longitudinal changes in these biomarkers is essential for identifying individuals at higher risk of developing long COVID-19.

In conclusion, several studies have investigated D-Dimer and Interleukin-6 levels in COVID-19 survivors. Elevated levels of both biomarkers have been associated with increased disease severity, mortality, and thrombotic events. Longitudinal studies are needed to elucidate the underlying mechanisms and establish evidence-based guidelines for managing long-term outcomes of COVID-19[7][24][12].

## 4.3 Interpretation of the Results

The results of the study shed light on the association between D-Dimer and Interleukin-6 levels in COVID-19 survivors. Several studies have shown that elevated levels of both biomarkers are associated with increased disease severity, mortality, and thrombotic events. Longitudinal studies have also indicated that IL-6 levels decrease over time in COVID-19 survivors. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time.

The findings suggest that monitoring D-Dimer and Interleukin-6 levels in COVID-19 survivors may aid in assessing disease progression and response to treatment. Elevated D-Dimer levels have been associated with an increased risk of thrombotic events, while increased IL-6 levels have been linked to long COVID-19. These biomarkers could potentially serve as valuable indicators for predicting disease severity and long-term outcomes of COVID-19.

## 4.4 Limitations of the Study

While the study provides valuable insights into the role of D-Dimer and Interleukin-6 levels in COVID-19 survivors, it is important to acknowledge its limitations [1]. Firstly, most studies included in the analysis were observational in nature, which limits the ability to establish causality [8]. Further research, such as randomized controlled trials, is needed to confirm these associations [14].

Secondly, there was heterogeneity among the included studies in terms of sample size, patient characteristics, and measurement methods for D-Dimer and Interleukin-6 levels. This heterogeneity may introduce bias and affect the generalizability of the findings. Standardization of measurement methods and larger sample sizes would enhance the reliability and validity of future studies.

Thirdly, the studies included in the analysis were conducted at different time points during the pandemic. The evolving nature of COVID-19 and changes in treatment strategies over time may influence the interpretation of the results. Future stud-

ies should consider these temporal factors to provide more accurate and up-to-date information [4].

Lastly, while D-Dimer and Interleukin-6 levels have shown promise as biomarkers for predicting disease severity and long-term outcomes, they are not standalone indicators. Other clinical, laboratory, and imaging parameters should be considered in conjunction with these biomarkers to provide a comprehensive assessment of COVID-19 patients [2].

In conclusion, while elevated D-Dimer and Interleukin-6 levels have been associated with increased disease severity and long-term complications in COVID-19 survivors, further research is needed to establish causality and overcome limitations such as heterogeneity among studies. Standardization of measurement methods and consideration of temporal factors would enhance the reliability and validity of future studies.

#### **4.5 Suggested Areas for Future Research**

Future research should focus on standardizing measurement methods for D-Dimer and Interleukin-6 levels to enhance comparability across studies. Large-scale randomized controlled trials are needed to establish causality between these biomarkers and disease severity or long-term outcomes of COVID-19. Moreover, longitudinal studies are needed to investigate how D-Dimer levels evolve over time in COVID-19 survivors.

In addition to these areas, future research could explore other potential biomarkers for predicting disease severity or long-term outcomes of COVID-19. For instance, recent studies have investigated the role of other inflammatory markers such as C-reactive protein (CRP) and ferritin. Investigating these markers alongside D-Dimer and Interleukin-6 could provide a more comprehensive assessment of COVID-19 patients.

In conclusion, while elevated D-Dimer and Interleukin-6 levels have been associated with increased disease severity and long-term complications in COVID-19 survivors, further research is needed to establish causality and overcome limitations such as heterogeneity among studies. Standardization of measurement methods, large-scale randomized controlled trials, longitudinal studies investigating biomarker evolution over time, and exploration of other potential biomarkers would enhance our understanding of COVID-19 pathophysiology.

## **5 Conclusion**

The literature review on “A Comparative Analysis of D-Dimer and Interleukin-6 Levels in COVID-19 Survivors: Implications for Long-term Outcomes” has provided valuable insights into the role of D-Dimer and Interleukin-6 levels in COVID-19 survivors. Elevated levels of both biomarkers have been associated with increased disease severity, mortality, and thrombotic events. Longitudinal studies have also indi-

cated that IL-6 levels decrease over time in COVID-19 survivors. However, it is unclear how D-Dimer levels evolve in COVID-19 survivors over time.

The findings suggest that monitoring D-Dimer and Interleukin-6 levels in COVID-19 survivors may aid in assessing disease progression and response to treatment. Elevated D-Dimer levels have been associated with an increased risk of thrombotic events, while increased IL-6 levels have been linked to long COVID-19. These biomarkers could potentially serve as valuable indicators for predicting disease severity and long-term outcomes of COVID-19.

Most studies included in the analysis were observational in nature, which limits the ability to establish causality. Further research, such as randomized controlled trials, is needed to confirm these associations. There was heterogeneity among the included studies in terms of sample size, patient characteristics, and measurement methods for D-Dimer and Interleukin-6 levels. This heterogeneity may introduce bias and affect the generalizability of the findings. Standardization of measurement methods and larger sample sizes would enhance the reliability and validity of future studies.

The studies included in the analysis were conducted at different time points during the pandemic. The evolving nature of COVID-19 and changes in treatment strategies over time may influence the interpretation of the results. Future studies should consider these temporal factors to provide more accurate and up-to-date information.

While D-Dimer and Interleukin-6 levels have shown promise as biomarkers for predicting disease severity and long-term outcomes, they are not standalone indicators. Other clinical, laboratory, and imaging parameters should be considered in conjunction with these biomarkers to provide a comprehensive assessment of COVID-19 patients.

Future research should focus on standardizing measurement methods for D-Dimer and Interleukin-6 levels to enhance comparability across studies. Large-scale randomized controlled trials are needed to establish causality between these biomarkers and disease severity or long-term outcomes of COVID-19. Moreover, longitudinal studies are needed to investigate how D-Dimer levels evolve over time in COVID-19 survivors.

In conclusion, while elevated D-Dimer and Interleukin-6 levels have been associated with increased disease severity and long-term complications in COVID-19 survivors, further research is needed to establish causality and overcome limitations such as heterogeneity among studies. Standardization of measurement methods, large-scale randomized controlled trials, longitudinal studies investigating biomarker evolution over time, and exploration of other potential biomarkers would enhance our understanding of COVID-19 pathophysiology.

## Reference

1. Abdullah, Y.J. et al.: Serum levels of interleukin-6, ferritin, C-reactive protein, lactate dehydrogenase, D-dimer and count of lymphocytes and neutrophils in COVID-19 patients. Its correlation to the disease severity. *Ann. Rom. Soc. Cell Biol.* 2220–2228

- (2021).
2. Ackmann, T. et al.: Comparing the diagnostic value of serum d-dimer to crp and il-6 in the diagnosis of chronic prosthetic joint infection. *J. Clin. Med.* 9, 9, 1–9 (2020). <https://doi.org/10.3390/jcm9092917>.
  3. Ahirwar, A.K. et al.: The study of serum hsCRP, ferritin, IL-6 and plasma D-dimer in COVID-19: a retrospective study. *Horm. Mol. Biol. Clin. Investig.* 43, 3, 337–344 (2022).
  4. Chen, C. et al.: Plasma D-dimer and interleukin-6 are associated with treatment response and progression-free survival in advanced NSCLC patients on anti-PD-1 therapy. *Cancer Med.* 12, 15, 15831–15840 (2023). <https://doi.org/10.1002/cam4.6222>.
  5. Cheng, A. et al.: Diagnostic performance of initial blood urea nitrogen combined with D-dimer levels for predicting in-hospital mortality in COVID-19 patients. *Int. J. Antimicrob. Agents.* 56, 3, 106110 (2020).
  6. Cirulli, E.T. et al.: Long-term COVID-19 symptoms in a large unselected population. *medrxiv.* 2010–2020 (2020).
  7. Han, Q. et al.: Long-term sequelae of COVID-19: a systematic review and meta-analysis of one-year follow-up studies on post-COVID symptoms. *Pathogens.* 11, 2, 269 (2022).
  8. Health, V.: D-Dimer , Fibrinogen , and IL-6 in COVID-19 Patients with Suspected Venous Thromboembolism : A Narrative Review. 455–462 (2020).
  9. Huang, C. et al.: Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet.* 395, 10223, 497–506 (2020).
  10. Jung, C. et al.: Disease-course adapting machine learning prognostication models in elderly patients critically ill with COVID-19: multicenter cohort study with external validation. *JMIR Med. Informatics.* 10, 3, e32949 (2022).
  11. Kerget, B. et al.: Are serum interleukin 6 and surfactant protein D levels associated with the clinical course of COVID-19? *Lung.* 198, 777–784 (2020).
  12. Kermali, M. et al.: The role of biomarkers in diagnosis of COVID-19—A systematic review. *Life Sci.* 254, 117788 (2020).
  13. Liu, Z. et al.: Dynamic interleukin-6 level changes as a prognostic indicator in patients with COVID-19. *Front. Pharmacol.* 11, 1093 (2020).
  14. Masotti, L. et al.: Prognostic role of Interleukin-6/lymphocytes ratio in SARS-CoV2 related pneumonia. *Int. Immunopharmacol.* 103, 108435 (2022).
  15. Mishra, M.K.: The World after COVID-19 and its impact on Global Economy. (2020).
  16. Nikkhoo, B. et al.: Elevated interleukin (IL)-6 as a predictor of disease severity among Covid-19 patients: a prospective cohort study. *BMC Infect. Dis.* 23, 1, 1–6 (2023).
  17. Parchure, P. et al.: Development and validation of a machine learning-based prediction model for near-term in-hospital mortality among patients with COVID-19. *BMJ Support. Palliat. Care.* 12, e3, e424–e431 (2022).
  18. Philippe, A. et al.: Imbalance between alpha-1-antitrypsin and interleukin 6 is associated with in-hospital mortality and thrombosis during COVID-19. *Biochimie.* 202, 206–211 (2022).
  19. Sherif, Z.A. et al.: Pathogenic mechanisms of post-acute sequelae of SARS-CoV-2 infection (PASC). *Elife.* 12, e86002 (2023).
  20. Sivakorn, C. et al.: High mobility group box 1 and interleukin 6 at intensive care unit admission as biomarkers in critically ill COVID-19 patients. *Am. J. Trop. Med. Hyg.* 105,



- 1, 73 (2021).
21. Vekar, S. et al.: Post-acute sequelae of SARS-CoV-2 infection: Caring for the ‘long-haulers.’ *Cleve Clin J Med.* 88, 5, 267–272 (2021).
  22. Yao, Y. et al.: D-dimer as a biomarker for disease severity and mortality in COVID-19 patients: a case control study. *J. intensive care.* 8, 1–11 (2020).
  23. Yin, J.-X. et al.: Increased interleukin-6 is associated with long COVID-19: a systematic review and meta-analysis. *Infect. Dis. Poverty.* 12, 1, 1–14 (2023).
  24. Zaira, B. et al.: Correlation between Hepatocyte Growth Factor (HGF) with D-Dimer and Interleukin-6 as Prognostic Markers of Coagulation and Inflammation in Long COVID-19 Survivors. *Curr. Issues Mol. Biol.* 45, 7, 5725–5740 (2023).
  25. Zhang, L. et al.: D-dimer levels on admission to predict in-hospital mortality in patients with Covid-19. *J. Thromb. Haemost.* 18, 6, 1324–1329 (2020).

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