

Treating Covid-19 with Corticotherapy the Impact of Methyl Prednisolone and his Early and Massive Administration for Non Hospitalized Patients with Covid-19, Pneumonia Receiving a Low Level of Oxygen Only at Home

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Background

Coronavirus disease 2019 Covid-19 is associated with diffuse Lung damage, immune dysregulation and hyperinflammation. Glucocorticoids may modulate inflammation - mediated lung injury and thereby reduce progression to respiratory failure and death.

Methods

A randomized retrospective study of a cohort of 100 patients Covid-19 tested positive (PCR-RT and they have a Scannographic pulmonary paving Crazy 5 - 25%):

- Sex male: 72 (72%).
- Sex female: 28 (28%).
- Age: 18 - 82 years.
- Comorbidities: Diabetes, HTA, COPD, Asthma, SAOS.
- Sao₂: 89-92%.
- CRP: 7- 15.

We have 2 groups:

- **Group A:** 50 patients or 50% of the cohort were put under 60 mg of Methyl Prednisolone by oral way for 4days after we reduced to 40 mg for the following 4 days:
 - Day1 - Day4: 60 mg.
 - Day5 - Day8: 40 mg.
- **Group B:** 50 patients or 50% of the cohort were put on an usual care (Without methyl prednisolone).

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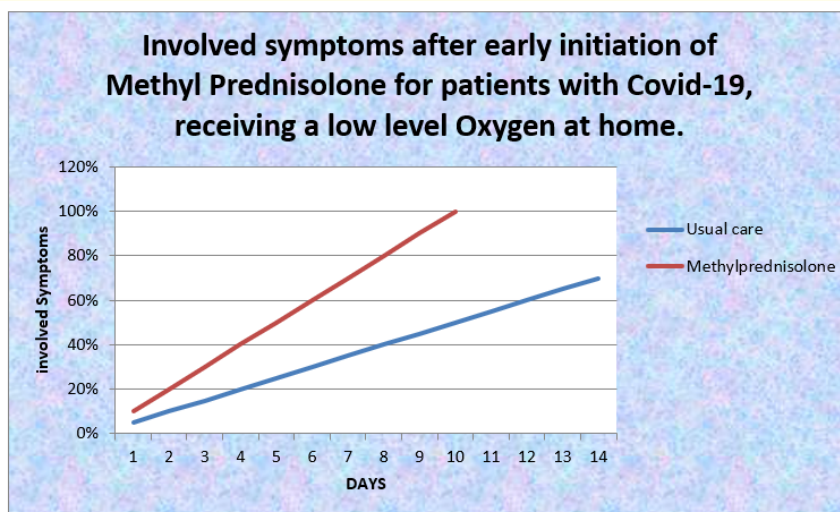
Evolution

Group A

- 46 patients (46%) have a well improvement of clinical status since the second day, after administration of methyl prednisolone without any complication.
- Sao₂ in the safety interval (92 - 98%).
- CRP after day 7: (1 - 8).
- 4 patients (4%) had a secondary effects of corticoids imbalanced HTA, diabetes, epigastric symptoms, decompensated COPD.

Group B:

- 28 patients (28%) showed since the first week a favorable progression without any complication.
- Sao₂ (92 - 96%).
- CRP after the first week (4 - 10).
- 20 patients (20%) had a slow evolution with disappearance of all symptoms and any serious complication were detected.
- Sao₂ (92 - 96%).
- 2 patients (2%) had an unfavorable evolution.
- Sao₂: 90 - 91%.
- Hospitalized after the first week for a high level of oxygen.



Discussion

According to the results found and illustrated by the graph, we can individualized two curves.

The red curve: Patients under methyl prednisolone.

The blue curve: Patients under an usual care (Without methyl prednisolone).

In this randomized trial involving non hospitalized patients with Covid- 19, who were receiving a low level of oxygen alone at home, the use of usual care did not result in significantly better clinical status.

Early and massive administration of high-titre of methyl prednisolone against SARS-COV-2 to mildly ill infected older adults with hypoxemia (SaO_2 : 89 - 91%) at home reduced the progression of Covid-19.

Efficacy of methyl prednisolone against the immunodysregulation and hyperinflammation.

Conclusion

Scientists have identified how the SARS-COV-2 virus proceeds to rapidly cause damage to the cells that line human lungs.

Sever acute respiratory syndrome is detected early and managed appropriately their deterioration in pulmonary function can be slowed or stopped, and the risk of associated cardio-vascular thromboembolic complications can be reduced.

Efficacy of early and massive initiation of methyl prednisolone for non-hospitalized patients with COVID-19, receiving a low level oxygen only at home [1-4].

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