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ICU Management of COVID19 Patient with Intravenous Methylprednisolone Pulse Therapy

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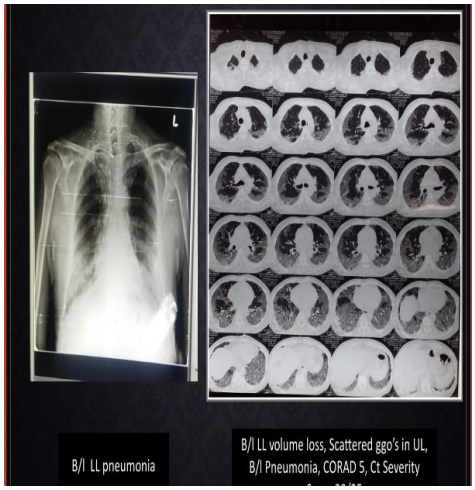
Abstract: ***Introduction: The solitary trial published interim results on 15 October 2020; found that all treatments (Remdemivir, Hcq, lopinavir/ritonavir and interferon) had little or no effect on overall mortality, initiation of ventilation and duration of hospital stay. So far only corticosteroids had been proven effective against severe and critical COVID19 cases. Case Report: A 40yr old female patient was brought to GGH (vijayawada) casualty presenting with cough, low grade fever. Base line vitals Bp: 120/70, PR: 79, RR: 22, Spo2: 94% on room air. No significant past medical history. Patient denied H/o smoking, drug abuse. Nasal swab (RTPCR) was positive. The following day patient developed SOB, later shifted to ICU. Vitals are Bp: 130/70 PR: 90/min Spo2: 78% RR: 28b/m Gcs15/15. On o2 support 15L/min through NRB mask spo2 was 88 - 90%. ABG showed low Pao2. Relevant investigations were sent. CRP levels of patient is 30mg/dl. CXR showed B/L lower lobe pneumonia. CT demonstrated B/L lower lobe volume loss with ground glass opacities, CORADS 5 (severity score20/25). Supportive treatment was started which included Antibiotics, antiviral, anticoagulant, multivitamin along with them intravenous Methlprednisolone 250mg pulse therapy once a day for 3 days given. Awake proning was advised to the patient. On day5 Spo2 was 92% with 12L of O2 with NRB mask. ABG showed improved Pao2 levels. Conclusion: Intravenous Methylprednisolone pulse therapy administration at early pulmonary phase of illness improved remarkably O2 saturation and decreases use of mechanical ventilation.***

Keywords: Methylprednisolone, Pulse Therapy. Early Pulmonary Phase



Appropriate time for methylprednisolone administration and inclusion / exclusion criteria of the patients