



Treating Covid-19 with Corticothérapie the Impact of Methylprednisolone 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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Abstract

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%).

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Sex: male: 72(72%).

Sex: female: 28(28%).

Age: 18-82 answer.

Comorbidities: Diabetes, HTA, COPD, Asthma, SAOS.

Sao2: 89-92%.

CRP: 7- 15.

We have 02 groups:

Group A:

- 50 patients or 50% of the cohort were put under 60 mg of Methylprednisolone by the oral way for 4days after we reduced it 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 usual care (without Methylprednisolone).

Evolution:

Group A:

46 patients (46%) have had a good improvement of clinical status since the second day, after administration of Methylprednisolone without any complication.

Sao2 in the safety interval (92- 98%).

CRP after day 7: (1- 8).

4 patients (4%) had 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 the disappearance of all symptoms and no serious complications 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.

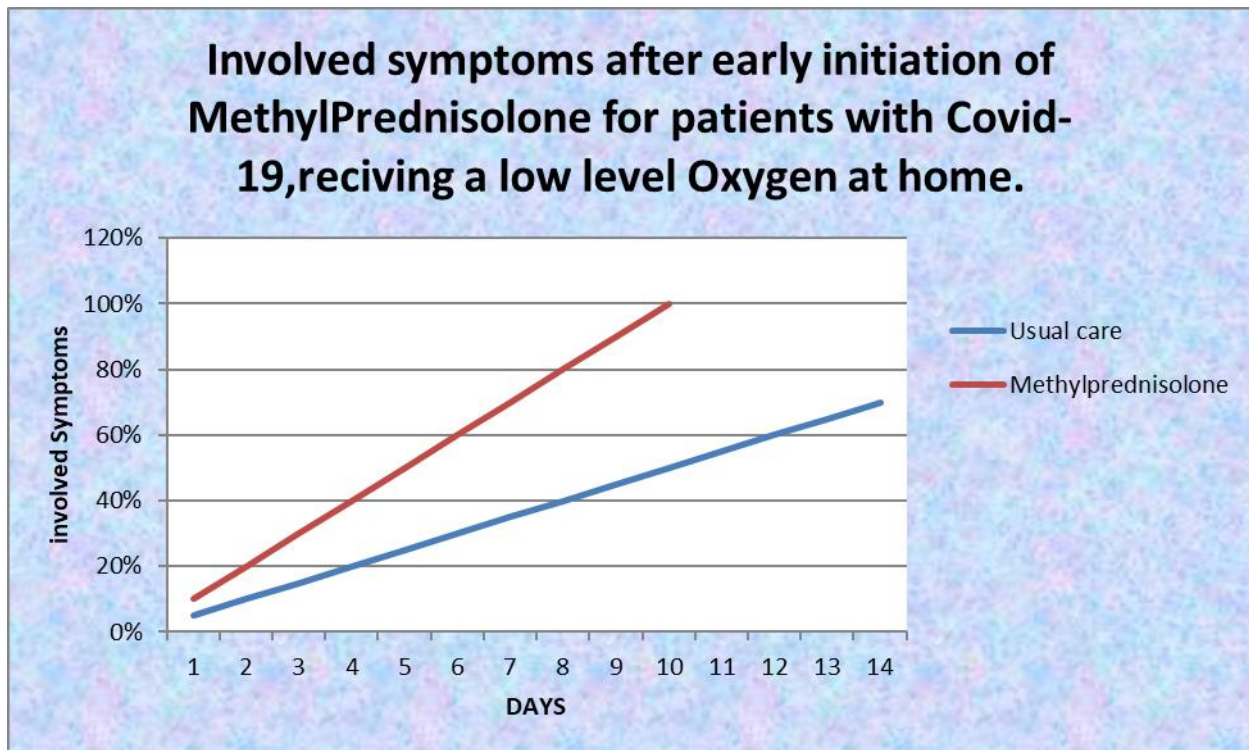


Figure 1

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Discussion:

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

The red curve: patients under Methylprednisolone.

The blue curve: patients under usual care (without Methylprednisolone).

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-titer of Methylprednisolone against SARS-COV-2 to mildly ill infected older adults with hypoxemia (Sao2: 89-91%) at home reduced the progression of Covid- 19.

Efficacy of Methylprednisolone against immune dysregulation and hyperinflammation.

Conclusion:

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

Severe Acute Respiratory Syndrome is detected early and managed appropriately their deterioration in pulmonary function can be slowed or stopped, and the risk of associated cardiovascular thromboembolic complications can be reduced.

Efficacy of early and massive initiation of Methylprednisolone for non-hospitalized patients with COVID-19, receiving a low-level Oxygen only at home.

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