BACKGROUND AND OBJECTIVES

- Use of corticosteroids has been shown to improve in hospital mortality in hospitalized patients with severe COVID 19 pneumonia. (1)
- Optimal duration of corticosteroid use is still a matter of debate.
- We describe a patient with deterioration in clinical status after completing a course of steroids and improving with a second course of corticosteroids.
- This was early in the course of COVID-19 pandemic.

CASE SUMMARY

- 32-year-old F, history of morbid obesity presented to the hospital with progressively worsening shortness of breath, productive cough, fatigue and diarrhea for 2 weeks.
- Diagnosed 1 week prior to presentation.
- Required HFNC at maximal settings with diffuse ground glass and consolidative opacities.
- Improved with 10 day course of oral dexamethasone. Also got remdesivir, baricitinib and ceftriaxone.
- Slowly improved but had progressively worsening respiratory failure since being off steroids.
- Started back on dexamethasone at day 20.

- Sustained improvement with prolonged taper over 20 days.
- Complicated by spontaneous pneumothorax at day 25 treated with pigtail catheter insertion.
- Discharged home on 2L O2 via nasal cannula

CONCLUSION

- Use of corticosteroids has been associated with improvement in several trials for ARDS including ARDS related to COVID 19 pneumonia.
- It is difficult to assess the risk vs benefit in patients who have a worsening course once off steroids due to lack of good quality data in this set of patients.
- Recently, there are reports of persistent post COVID-19 ILD with response to late course of corticosteroids. (2)
- As suggested by this patient’s clinical course, longer course of corticosteroids can still be considered judiciously in subsets of patients with continued inflammation and not responding to other alternative therapies.

REFERENCES