

The necessity of early anti-inflammatory therapy initiation in cases with mild-to-moderate COVID-19: A personal experience from an attending pharmacist and his resident

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Abstract

I am a professor and attending pharmacist in the field of pharmaceutical sciences and writer or co-author of at least 5 manuscripts about different aspects of COVID-19. More than 15 months from the first report of COVID-19, over 120 million people all over the world infected by this virus, and more than 2.5 million of them have died. Although different treatment approaches have been proposed, management of the COVID-19 patients is still remained controversial. In this regard, I want to share my personal experience from the exposure to the coronavirus and the consequence of this infection on my health status. I am a 51 years old male, known case of hypertension, dyslipidemia, and chronic kidney disease. During working hours of colleagues in the Faculty of Pharmacy, I visited one of my colleagues in his office. After leaving the Faculty, my colleague declares that his RT-PCR test of COVID-19 is positive and it took 3 days for me to experience the first sign of the COVID-19 as fever. Many complications have occurred for me during the different stages of COVID-19 infection that I shared and explained in detail with the suggested pharmacotherapies. According to the pathophysiology of COVID-19 infection and my personal experience during COVID-19 infection, I want to emphasize the necessity of early initiation of anti-inflammatory agents including corticosteroids and colchicine in high-risk patients with mild-to-moderate COVID-19 pneumonia who shows respiratory system involvement, in order to prevent progression to the severe and critical stages of this disease.

The necessity of early anti-inflammatory therapy in mild-to-moderate COVID-19: A personal experience from an attending pharmacist and his resident

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The necessity of early anti-inflammatory therapy in mild-to-moderate COVID-19: A personal experience from an attending pharmacist and his resident

I am a professor and attending pharmacist in the field of pharmaceutical sciences and writer or co-author of at least 5 manuscripts about different aspects of COVID-19 pharmacotherapy [1-3]. More than 15 months from the first report of COVID-19, over 120 million people all over the world infected by this virus, and more than 2.5 million of them have died. Although different treatment approaches have been proposed but management of the COVID-19 patients is still remained controversial. In this regard, I want to share my personal experience from the exposure to the coronavirus and the consequence of this infection on my health status. I am a 51 years old male, known case of hypertension, dyslipidemia, and chronic kidney disease (stage 2 CKD-EPI). During working hours of colleagues in the Faculty of Pharmacy, I visited one of my colleagues in his office for 30 minutes. During this conversation both of us wore three-layer medical mask, the window and door of the room were opened and at least 2-meter distance between us was regarded. After leaving the Faculty, my colleague declares that his RT-PCR test of COVID-19 is positive. It took 3 days for me to experience the first sign of the COVID-19 as fever. In this regard, I isolated myself from the other family members including my wife and my son. Other signs of the disease including arthralgia, myalgia, headache, GI symptoms also appear during this period on day 5th from the exposure to the COVID-19 positive case. Nausea was persistent, especially in the morning. I had an RT-PCR test on day 5th after exposure and the result was positive. During the follow-up of the disease within the Shahid-Faghihi Hospital as a referral center for COVID-19 patients, a high-resolution computed tomography (HRCT) scan of the lung was performed but no considerable involvement of the lung was seen (Fig. 1.A) but pulse oximetry revealed that the PO₂ saturation rate is about 93% at the same day. In this regard, consulting with infectious disease subspecialist and his recommendation, favipiravir was scheduled with a loading dose of 1600 mg bid and maintenance dose of 800 mg bid for 5 days. Other drugs such as acetylcysteine 600 mg per day and vitamin C 500 mg bid was considered at least for 10 consecutive days. Up to day 7th no sign of improvement in my health condition was seen and most of the signs of the infection were worsen during this period and insomnia was another complication of the COVID-19 infection. Breathing disorder including tachypnea and sporadic cough was other complications of this infection. In this regard another HRCT scan 5 days later from the first scan was scheduled at the previously mentioned center and according to the results 20 % involvement of lung was detected and the bilateral multifocal peripheral patchy ground-glass opacity was highly suggestive for COVID-19 infection. (Fig. 1.B). At this point another consult with infectious diseases subspecialist and a pulmonologist was taken and according to their recommendations anti-inflammatory treatment with prednisolone 10 mg per day and colchicine 1 mg BID were considered and rivaroxaban 10 mg per day as a preventive dose of the anticoagulant agent was taken. On day 3rd from the anti-inflammatory treatment and day 10 from the involvement respiratory signs were improved. PO₂ saturation levels according to daily assessment from 88 % was increased to 93 or 94% although during this period fever and myalgia and headache were suppressed but periodic fever and palpitation exist. Due to the severe diarrhea colchicine taking was stop on the day 4th. But my general conditioning was profoundly improved about 3 days after initiation of anti-inflammatory therapies including prednisolone and colchicine.

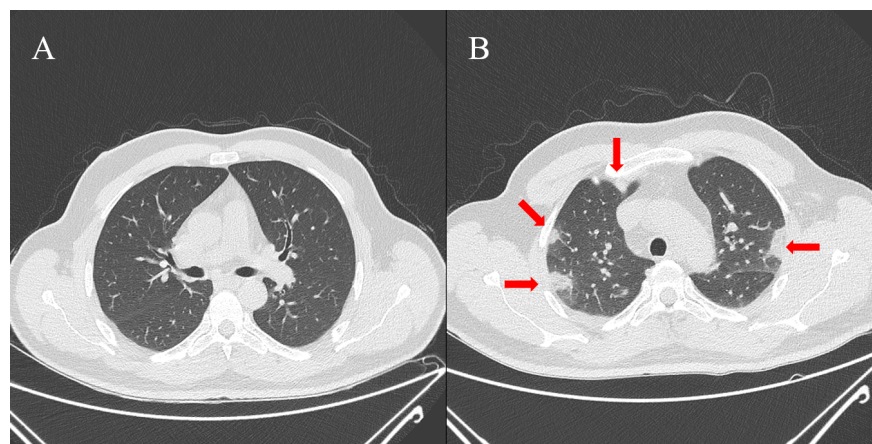


Fig.1. A: HRCT of the lung 5th day after coronavirus exposure, and B: HRCT of the lung on the 10th day after coronavirus exposure.

Different strategies to covid-19 management can be divided into 5 categories consist of pre-exposure prophylaxis, post-exposure prophylaxis, treatment in the outpatient setting, treatment of hospitalized patients admitted to hospital wards, and treatment of patients admitted to intensive care unit (ICU) [4]. Although, several vaccines have been approved and are available around the world in order to prevent COVID-19 infection, accessibility and affordability of all people and nations around the world to the COVID-19 vaccine would be challenging. After the occurrence of COVID-19 infection, early patient monitoring and initiation of suitable therapy based on the stages of disease would be essential. During the coronavirus replication phase, early initiation of antiviral agents including remdesivir in the inpatient settings would be helpful. After COVID-19 progression to the inflammatory phase that can result in lung infiltration, prompt initiation of anti-inflammatory agents including oral or intravenous corticosteroids would be lifesaving in order to prevent overall lung involvement and progression to respiratory failure and acute respiratory distress syndrome (ARDS).

So, according to the pathophysiology of COVID-19 infection and my personal experience during COVID-19 infection, I want to emphasize the necessity of early initiation of anti-inflammatory agents including corticosteroids [5] and colchicine [6] in high-risk patients with mild-to-moderate COVID-19 pneumonia who shows respiratory system involvement, in order to prevent progression to the severe and critical stages of this disease.

Conflict of interest:

None declared.

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