



COVID-19'un Uzun Süreli Takibi, Komplikasyonları ve Yönetimi

OLGULAR

Karadeniz Teknik Üniversitesi Tıp Fakültesi Göğüs Hastalıkları AbD.

Dr. Olcay Ayçiçek

OLGU 1

43 yaşında, erkek

Ek hastalık yok

01.08.2021: PCR (+)

Pulse steroid-3 gün

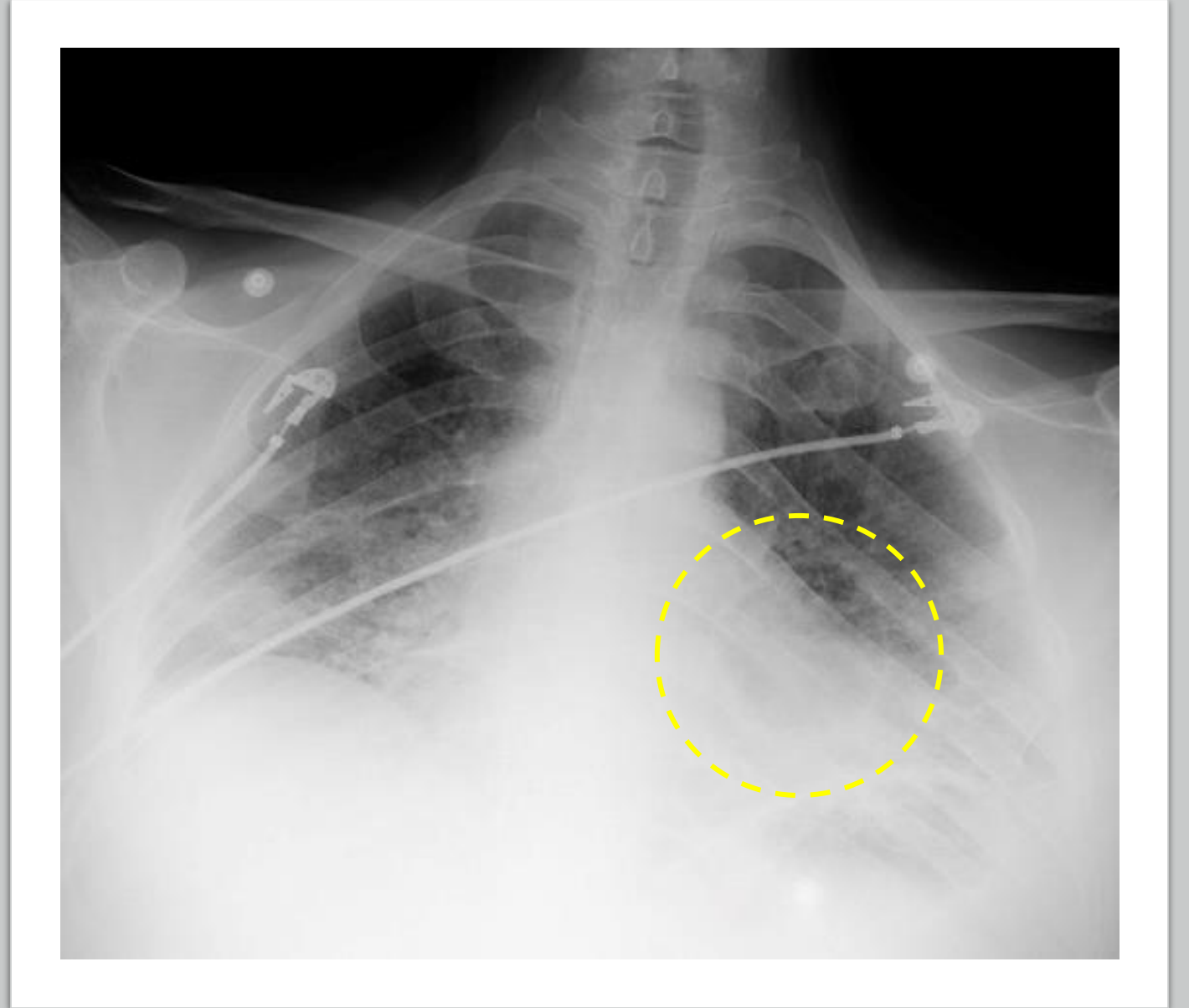
Prednol 2x80 mg-5 gün

Favipravir 1x1

Seftriakson 2x1 gr

10.08.2021: Yoğun bakım ünitesine alındı

- 11.08.2021: Tocilizumab 400 mg
- 12.08.2021: Tocilizumab 200 mg
- 02.09.2021: Vankomisin+Seftazidim



OLGU 1

03.09.2021 Servise devir

HFNK ile %90 O2 destekli

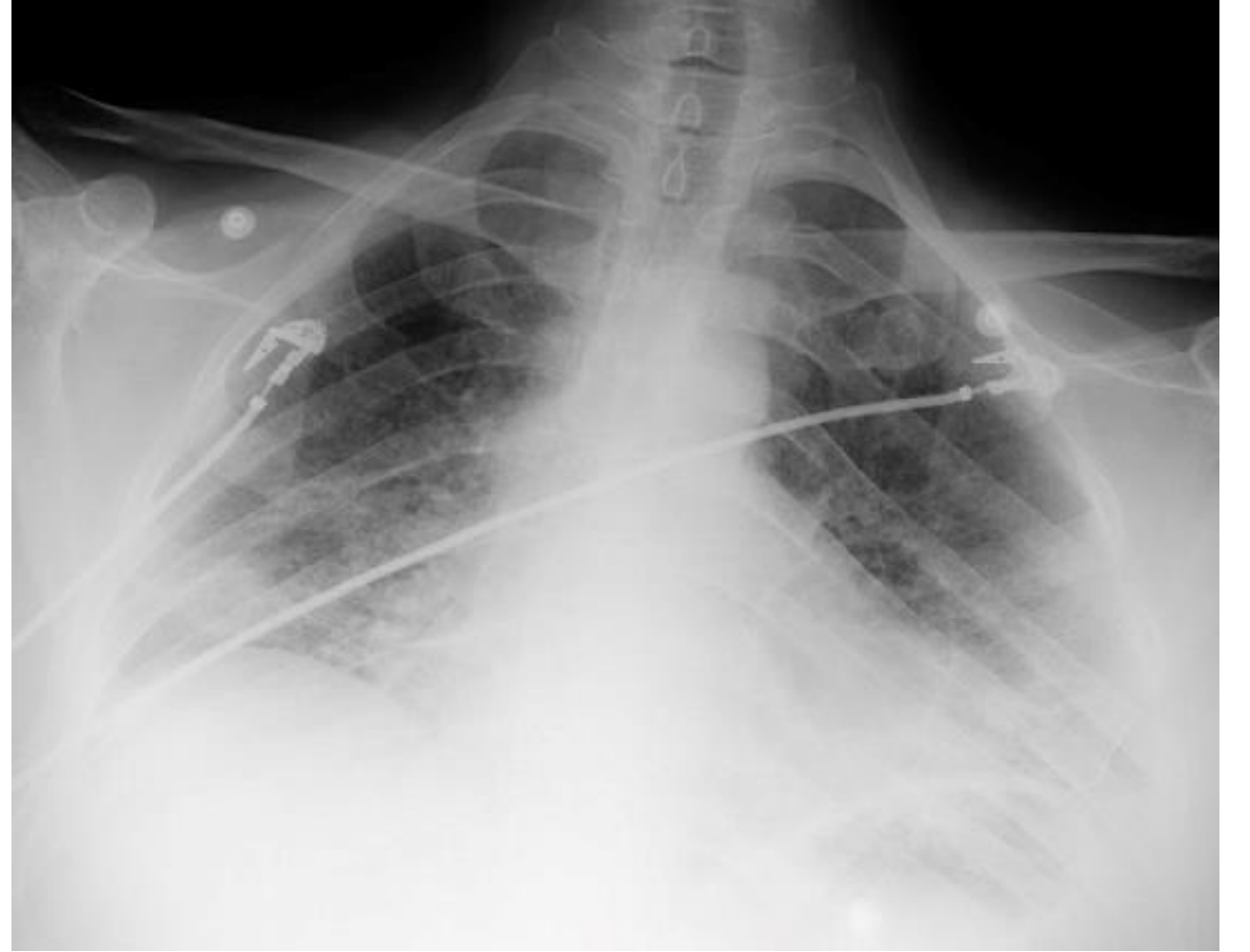
Prednol 1x60 mg

Vanvomisin+Seftazidim (2. gün)

Clexane 1x0.4 cc sc

11.09. 2021 Rezervuarlı maskeye geçildi.

18.09.2021 Antibiyoterapi kesildi



OLGU 1

27.09.2021: Pnömosel alanında
progresyon

05.10.2021: Fizik tedavi konsültasyonu
Yatak içi egzersizi başlandı



OLGU 1

20.10. 2021: Bülde büyüme, müdahale düşünülmedi

30.10.2021: Pnömotoraks gelişti, göğüs tüpü takıldı

03.11.2021: Göğüs tüpü sonlandırıldı



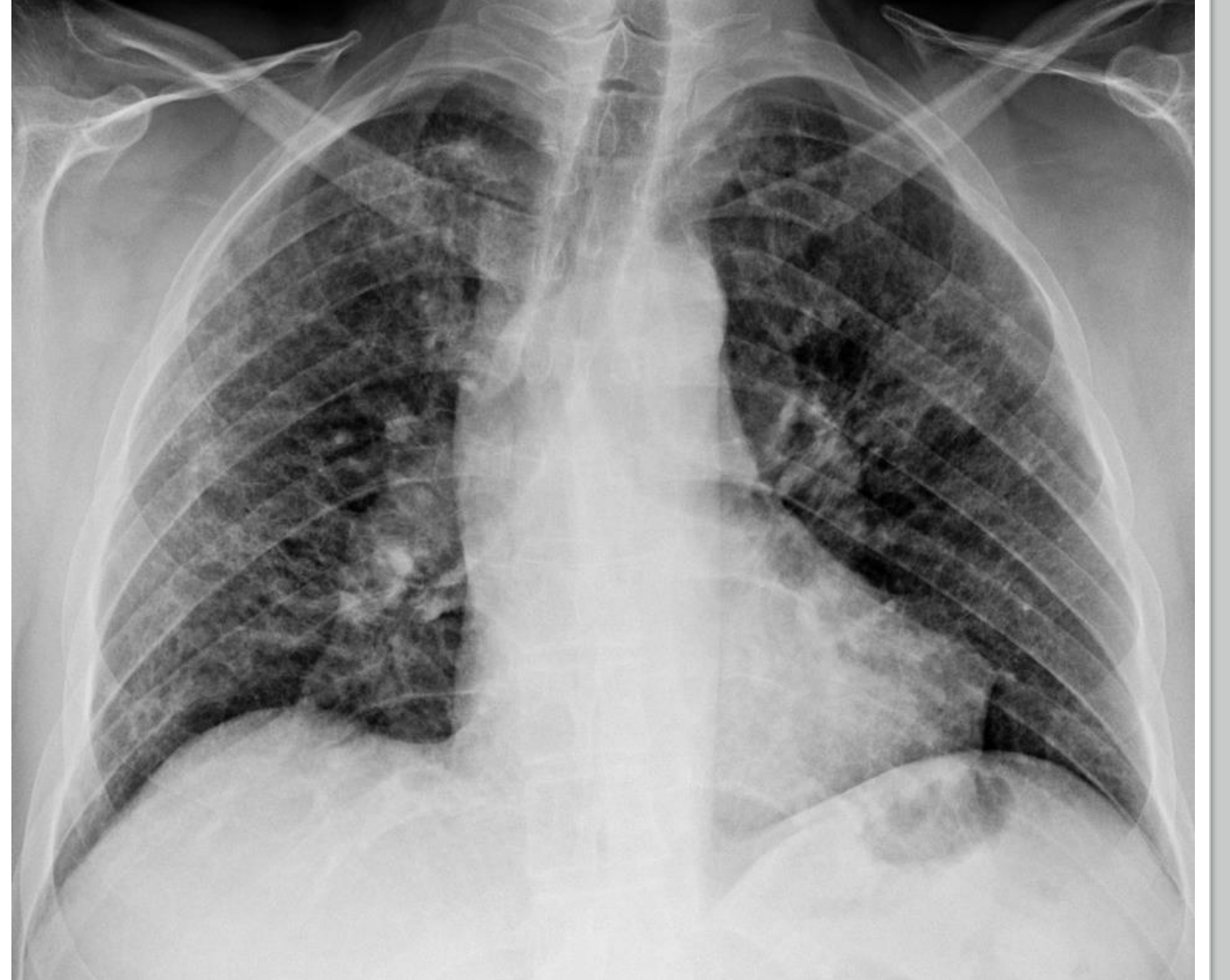
OLGU 1

11.11.2021: Antifibrotik tedavi başlandı
(Endikasyon dışı başvuru)

12.11. 2021: O₂ konsantratörü ile
taburcu

26. 11. 2021: O₂ desteęi devam ediyor,
genel durum iyi dispne yok

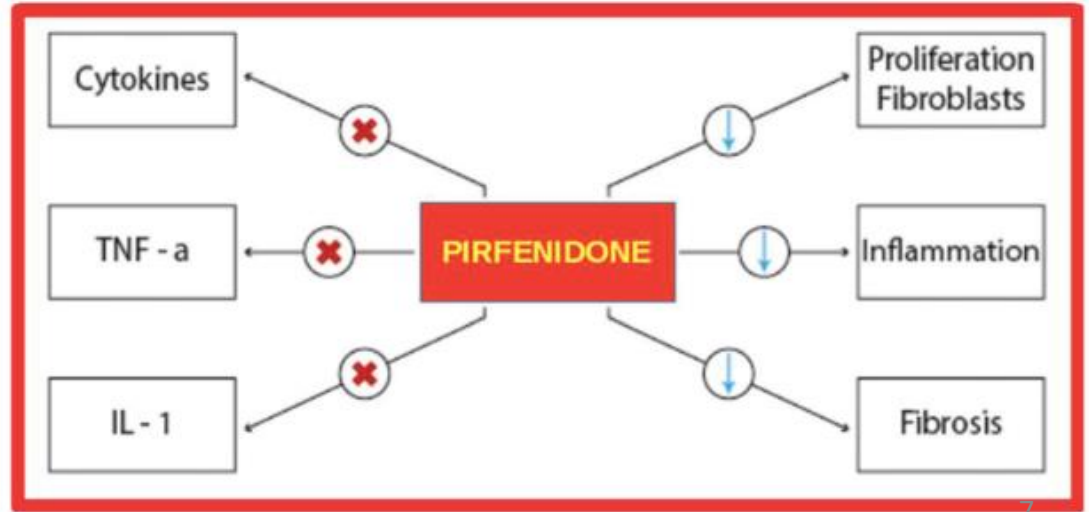
27.12.2021: Genel durum iyi,
hafif öksürük mevcut





COVID-19 Patients with Pulmonary Fibrotic Tissue: Clinical Pharmacological Rational of Antifibrotic Therapy

Antonio Vitiello¹ · Chiara Pelliccia² · Francesco Ferrara¹





CORRESPONDENCE

Pulmonary fibrosis in critically ill patients with novel coronavirus pneumonia during the convalescent stage and a proposal for early intervention

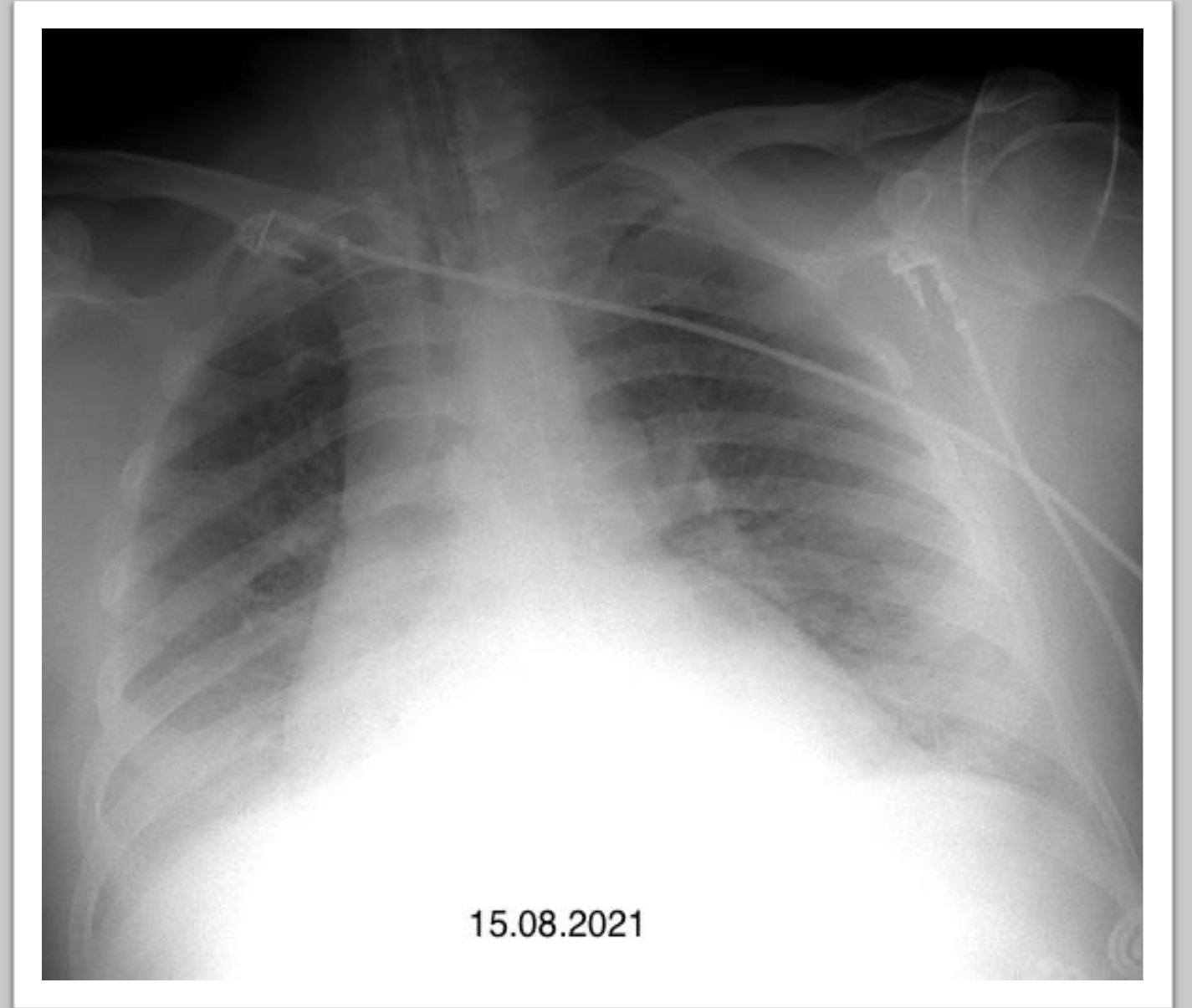
Hai Zou¹ and Sheng-qing Li¹

Acta Pharmacologica Sinica (2021) 42:1376–1378; <https://doi.org/10.1038/s41401-020-00566-4>

Pirfenidone and nintedanib might exert potential benefits in the prevention and treatment of pulmonary fibrosis following SARS-CoV-2 infection

OLGU 2

- 42 yaş, erkek
- Hipertansiyon
- **04.08.2021:** PCR (+)
- **11.08.2021:** Entübe halde yoğun bakıma kabul
- **15.08.2021:** Extübasyon



OLGU 2

01.09.2021: Hasta servise alındı

HFNK ile %100 O₂ desteđi, prednol
2x40 mg, DMAH 1x0.6 mg SC

03.09.2021: İdrarda *E. fecalis*, balgamda
P. aeruginosa üredi,
seftriakson 2x1 gr IV

08.09.2021: Rezervuarlı maskeye geçildi,
14 lt/dk SaO₂: %95



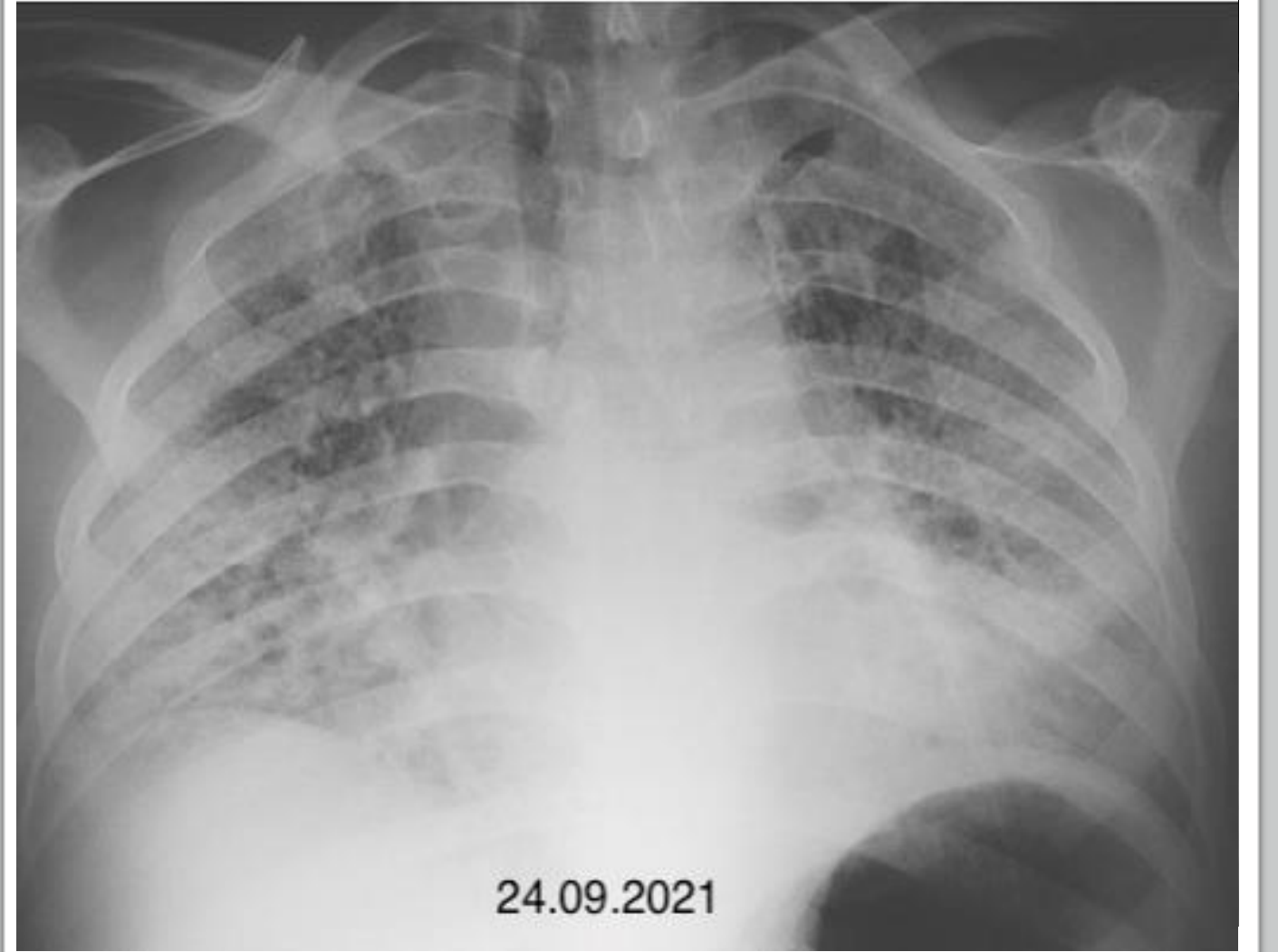
OLGU 2

13.09.2021: Nazal kanül maske 6 lt/dk
SaO₂: %93-95

16.09.2021: Antibiyoterapi stoplandı

20.09.2021: FTR ile konsülte edildi
egzersiz programı

24.09.2021: Nazal kanül 4 lt/dk ile SaO₂
%94



OLGU 2

05.10.2021: PA AC grafisi progrese
PCP PCR gönderildi, proflaktik
TMP-SMX 4x2 tb başlandı

09.10.2021: PCP PCR (-)

12.10.2021: Oda havası SaO₂ %92-93
Taburcu



OLGU 2

21.10.2021: PA AC grafisi
progrese
MTX başlandı



OLGU 2

05.11.2021: Hasta pansitopeni tablosu ile başvurdu. MTX stoplandı

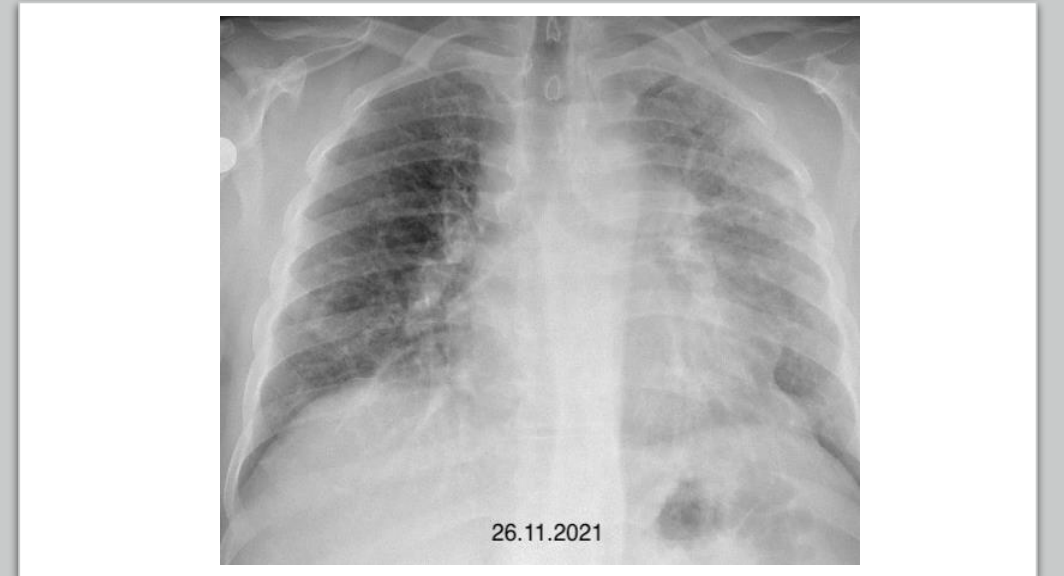
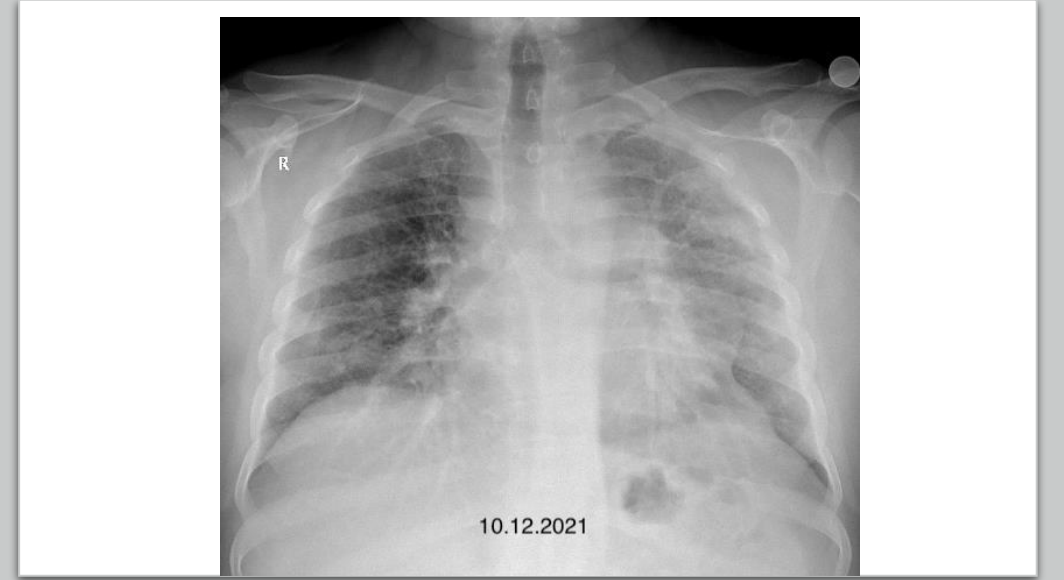
12.11.2021: Genel durum iyi,
Lökosit: 6600 mm³,
PLT: 223.000 mm³ taburcu



OLGU 2

26.11.2021: Hastaya antifibrotik tedavi için endikasyon dışı başvuru yapıldı prednol dozu düşürüldü

10.12.2021: Antifibrotik tedavi başlandı



OLGU 2

20 günlük antifibrotik

tedavi sonrası kontrol

PA AC grafisi



Methotrexate as a safe immunosuppressive agent during the COVID-19 pandemic

Zakiye Ganjei ^a, Hoorvash Faraji Dana ^b, Sepehr Ebrahimi-Dehkordi ^c, Fereshte Alidoust ^c, Kiumars Bahmani ^{d,*}

A B S T R A C T

Background: During the ongoing COVID-19 pandemic, immunocompromised patients are at a higher risk of severe infection, since the immune system has an important role in defeating this disease. This study compares the severity of COVID-19 in patients taking methotrexate with the severity of their family members' illness as patients with normal immune system function.

Methods: A total of 35 participants, including 14 patients taking methotrexate and 21 patients with normal immune function, entered this study, and the indicators of COVID-19 severity were compared between these two groups.

Results: The case group, who were on methotrexate therapy, had significantly less severe COVID-19 based on their symptoms, including fever ($p = 0.000$) and cough and dyspnea ($p = 0.01$) as well as in terms of COVID-19 severity indicators such as pulmonary involvement ($p = 0.001$), ferritin level ($p = 0.001$), white blood cell count ($p = 0.008$) and CRP level ($p = 0.006$), compared to the control group. There was a significant correlation between taking methotrexate and lower severity in COVID-19 disease.

Conclusion: The present findings demonstrated that methotrexate does not predispose patients to severe COVID-19; on the contrary, patients taking methotrexate may experience a milder disease, possibly due to their reduced severe inflammatory reactions as a result of inhibited TNF α , lowered IL6, and increased T regulatory cells. According to these findings, methotrexate appears to be a suitable treatment option for patients who need immunosuppressive medications during the COVID-19 pandemic.

Silencing of immune activation with methotrexate in patients with COVID-19

In the current manuscript, the authors provide strong rationale for the use of high dose methotrexate for treatment of the SARS-CoV-2 associated inflammatory syndromes [10]. As discussed by the authors, the primary mode of action of methotrexate is via inhibition of folate dependent pathways leading to inhibition of DNA synthesis in rapidly dividing tumor cells [10]. However the anti-inflammatory effects of methotrexate are broad particularly at high dosages and the mechanisms are not fully understood. Methotrexate significantly decreases IL-6 and TNF α in T cells and increase regulatory T cells [23]. Activated T cells undergo cell division so the effects of methotrexate on

OLGU 3

64 yaş, erkek

KOAH, KKY, Geçirilmiş PE (2011), Xarelto kullanıyor, travma nedeni ile splenektomi

1 ay önce COVID 19

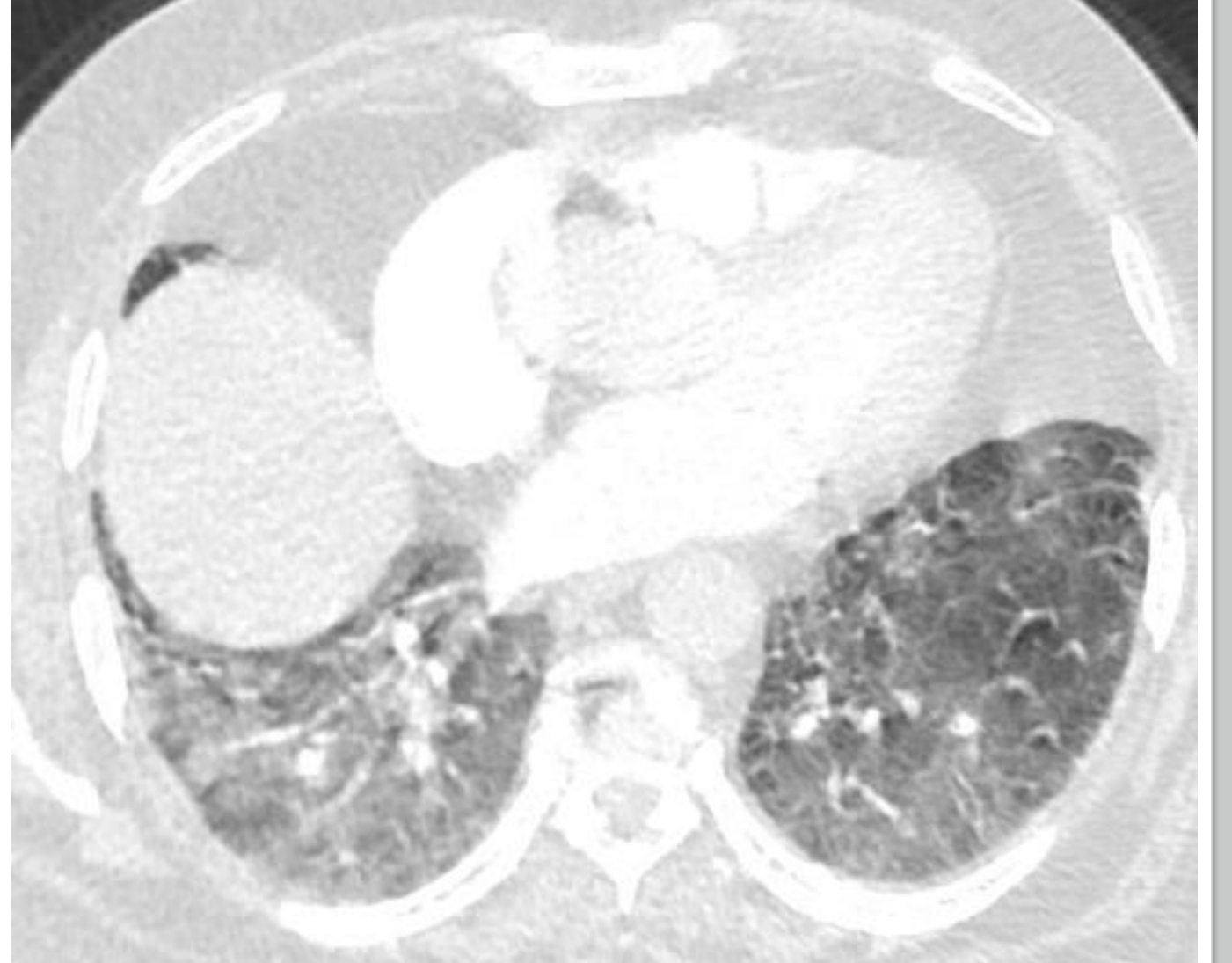
17.12.2021: Son 1 haftadır artan dispne

Xarelto, prednol (1x24 mg) kullanıyor

Hasta interne edildi

Xarelto stop, DMAH 2x0.6 cc SC

Nazal O₂ desteği (3-4 lt/dk)



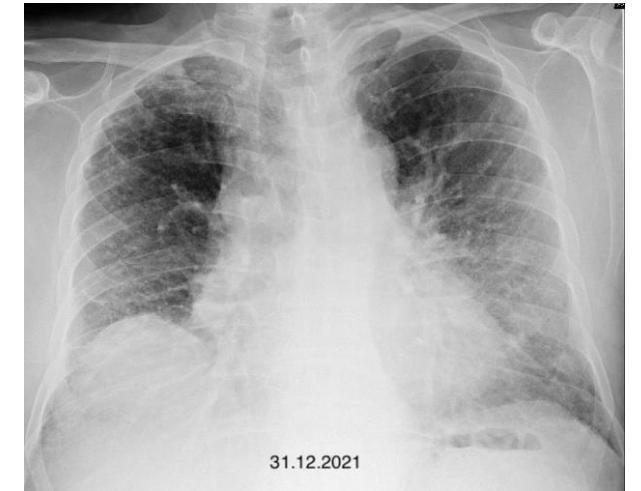
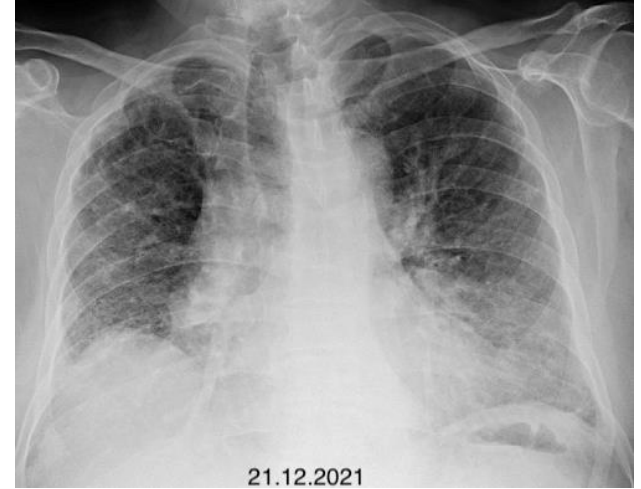
OLGU 3

22.12.2021: Hasta coumadinize edildi
Hastanın inatçı hipoksemisinin olması
nedeniyle balgamda PCP bakıldı

24.12.2021: PCP (+) TMP-SMX başlandı

03.01.2021: Kreatinin ve K yüksekliği
Bulantı-kusma

14.01.2022: Hastanın K değerleri normale
döndü, TMP-SMX tedavisi 21 güne
tamamlandı, O2 ihtiyacı kalmadı,
taburcu





[J Infect](#). 2021 Apr; 82(4): 84–123.

Published online 2020 Nov 4. doi: [10.1016/j.jinf.2020.10.034](https://doi.org/10.1016/j.jinf.2020.10.034)

PMCID: PMC7609246

PMID: [33157150](https://pubmed.ncbi.nlm.nih.gov/33157150/)

The presence of *Pneumocystis jirovecii* in critically ill patients with COVID-19

[Alexandre Alanio](#),^a [Sarah Dellière](#),^a [Sebastian Voicu](#),^b [Stéphane Bretagne](#),^a and [Bruno Mégarbane](#)^a

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Respiratory samples included 80 BALs (74.1%), 22 tracheal aspirates (20.4%), 4 sputa (3.7%) and two bronchial aspiration fluids (1.9%). In 10/108 patients (9.3%), *P. jirovecii* RTqPCR was positive.

***Pneumocystis jirovecii* pneumonia in an immunocompetent patient recovered from COVID-19**

INFECTIOUS DISEASES

2021, VOL. 53, NO. 5, 382-385

<https://doi.org/10.1080/23744235.2021.1890331>

Giulio Viceconte^a, Antonio Riccardo Buonomo^a, Amedeo Lanzardo^a, Biagio Pinchera^a, Emanuela Zappulo^a, Riccardo Scotto^a, Nicola Schiano Moriello^a, Maria Vargas^b, Carmine Iacovazzo^b, Giuseppe Servillo^b, Ivan Gentile^a, and “Federico II” COVID-19 Team

BACKGROUND Several cases of invasive fungal diseases in patients with COVID-19 have been reported, mostly due to *Aspergillus* spp., with anecdotic reports of *Pneumocystis jirovecii* pneumonia (PJP) as co-infections in immunocompromised patients. We describe the first case of PJP in an immunocompetent patient who recovered from COVID-19 pneumonia.

CASE DESCRIPTION Our patient was hospitalized for 18 d for respiratory failure due to Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) pneumonia and successfully treated with continuous positive airway pressure (CPAP) respiratory support, enoxaparin, ceftaroline and intravenous 6 mg of dexamethasone for 10 d, then with oral prednisone tapering. Despite his improved radiological and clinical conditions at discharge, he was admitted again after 18 d for worsening of respiratory conditions. Upon the second admission, a high-resolution CT-scan of the chest showed the development of new ground-glass opacities and *P. jirovecii* was detected on bronchoalveolar lavage fluid. A therapy with trimethoprim-sulphamethoxazole 20 mg/kg and methylprednisolone 40 mg i.v. *bis in die* (BID) was started, with improvement of clinical, biochemical and radiological conditions.

CONCLUSIONS COVID-19 patients may have multiple risk factors for development of PJP, in particular lymphopaenia and use of steroids. PJP must be ruled out with direct microbiological methods in patients presenting with radiologic and clinical features of possible or probable PJP, even in immunocompetent hosts.

OLGU 3

17.01.2022:

Kontrol-Genel durum iyi

21.01.2022: Nefes darlığında artma

BT Anjio: Trombüs yok, parankim regrese

INR doze değil kesildi, DMAH başlandı



OLGU 4

51 yaş, erkek

KBY

25.12.2020

Hasta servise kabul edildi

PrednOl 2x40 mg IV

DMAH 1x0.4 cc SC

Anti asidoz 3x3 tb

PPI 1x1 tb

Ürikoliz 1x ½ tb

Kre ↑

Nefroloji : Enfeksiyon ilişkili kronik
zeminde akut ABY

4lt/dk O₂ ile SaO₂: %95

29.12.2020

Hasta hemodiyalize alındı



OLGU 4

06/01/2021

Genel durum iyi, vitaler bulgular stabil

Oda havasında SaO₂: %95

Prednol 1*40 mg

DMAH 1*0,4

12.01.2022:

Taburcu

Prednol dozu 1x16 mg a düşürüldü

DMAH



OLGU 4

22.01.2021

Grafi bulguları regrese

Solunumsal semptom yok

Prednol doz azaltılarak kesildi

DMAH kesildi



OLGU 4

02.02.2021

Ateş, dispne, öksürük, göğüs ağrısı

Servise yatırıldı

DMAH 2x0.4 cc SC

Prednol 1x 60 mg IV

2-3 lt/dk O2

İdrar, kan kültürü

EKO-Dopler planlandı (Normal)

04.02.2021

2 lt/dk O2 ile SaO2 >%90

09.02.2021

Vital bulguları stabil

Oda havası SaO2 normal

Taburcu

- Oksapar 0.4 1x1 Sc
- Prednol 16 Mg Tb 1x2.5 (40 Mg)



OLGU 4

08.03.2021

Dispne ile başvuru

Prednol 1x32 mg kullanıyor

PCP ? bactrim tedavi dozunda

(renal doz)

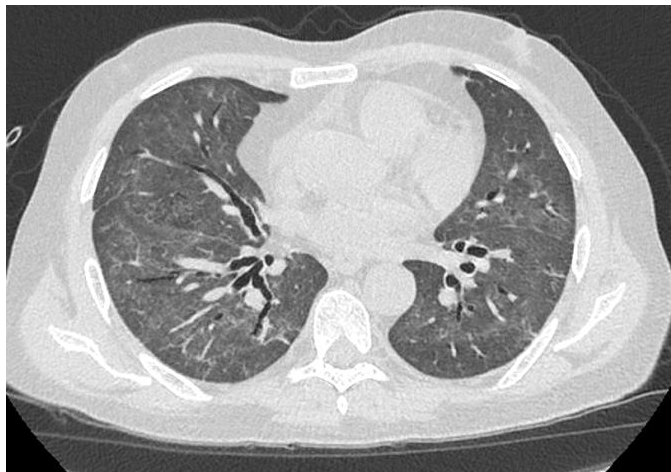
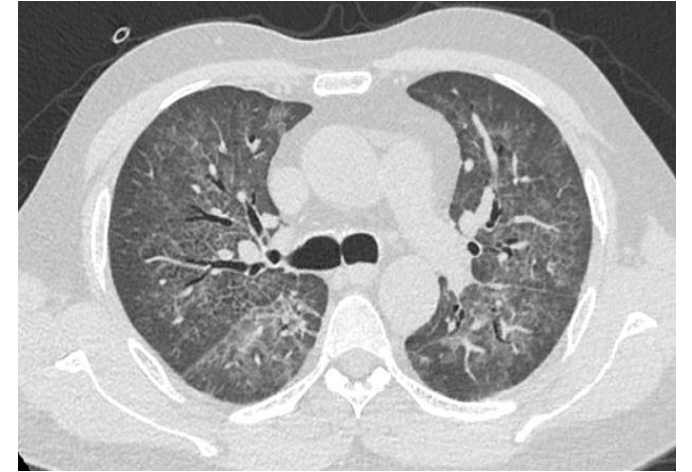
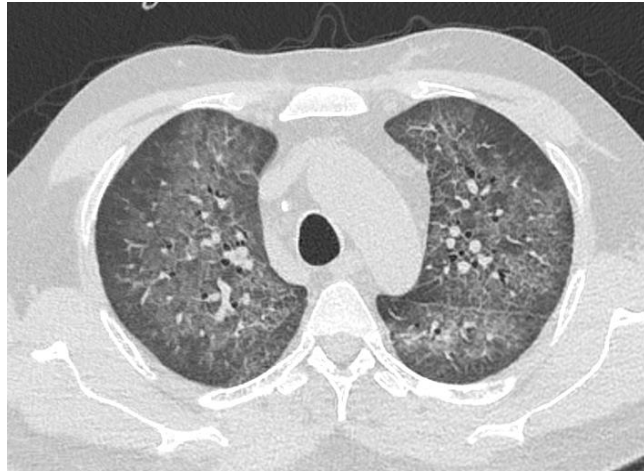
SARS-COV2 PCR (-)

Viral solunum paneli (-)

Kan galactomannan (-)



09/03/2021



OLGU 4

22.03.2021

Klinik düzelmesi ve

Oda havası SaO2 normal

Prednol dozu 8 mg

Bactrim 16. gün

Taburcu

12. 08.2021:

Avasküler femur başı nekrozu



OLGU 4

29.11.2021

EBUS yapıldı, subkarinal, sağ hiler
LAP'tan biyopsi

Patoloji: **Granülomatöz lenfadenit**





IDCases

Volume 26, 2021, e01291



Case report

Lofgren syndrome in close temporal association with mild COVID-19 – Case report

Peter Mihalov, Eliška Krajčovičová, Helena Káčerová, Peter Sabaka  

This case report suggests a possible link between COVID-19 and the development of sarcoidosis, however, further studies are needed to conclude this association

