9th Congress of the
Asian Pacific Society of Respirology
10 – 13 December 2004, Hong Kong

Abstract Submission Form

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Presenting Author Details

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Themes

- ☐ Asthma
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Critical Care
- ☐ Interstitial Lung Disease
- ☐ Interventional Fiberoptic Bronchoscopy
- ☐ Lung Cancer
- ☐ Noninvasive Positive Pressure Ventilation
- ☐ Pleural Disease
- ☐ Respiratory Tract Infections
- ☐ Sleep-related Disordered Breathing
- ☐ Tuberculosis
- ☐ Others

Travelling Fellowship

- ☐ I would like to apply for the travelling fellowship. I am a member of APSR and under the age of 40. Reference letter, brief c.v. and mission statement are attached.

Scholarship

- ☐ I would like to apply for the scholarship, and would present orally if my paper is selected.

Scholarship from The Thoracic Society of Australia and New Zealand (TSANZ)

- ☐ I am less than 15 years post medical doctor graduation and would like to apply for the TSANZ scholarship.
Steroid therapy in patients with severe acute respiratory syndrome

Departments of Medicine, ¹Diagnostic Radiology and ²Microbiology, The University of Hong Kong, Hong Kong SAR.

Background The treatment of severe acute respiratory syndrome (SARS) pneumonia is controversial and largely anecdotal. The efficacy of corticosteroid therapy is unknown and there are no controlled trial data to support or refute its efficacy despite their overt efficacy in some critically ill patients.

Methods Retrospective review of the clinical parameters and radiographic appearances of 72 serologically confirmed SARS patients (median age 37 yr, 30 M), who received ribavirin and different steroid regimens in two regional centres. Chest radiographs were scored according¹ to percentage of lung field involved².

Results Patients were categorized as those who received initial pulse steroid (n=17, PS, methylprednisolone (500mg/d) or non-pulse steroid (n=55, NPS, methylprednisolone <500mg/d) therapy. The cumulative steroid dosage, and intensive care unit admission, mechanical ventilation and mortality rates, and hematological and biochemical parameters were similar in both groups after 21 days. However, PS patients had less oxygen requirement, better radiographic outcome, and less likelihood to require rescue pulse steroid therapy than their counterparts. There was no significant difference between the two groups in hemolytic anemia, severe secondary infections or hematemesis, but PS patients had less hyperglycaemia.

Conclusion Our data appear to show a higher efficacy of an initial use of pulse methylprednisolone therapy, compared with regimens with lower dosage, among patients with deteriorating SARS. This should be confirmed in a randomized controlled trial. (Supported by an University of Hong Kong SARS Research Fund)

References