

Prednisolone

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COVID-19 infection: case report

A 3-year-old boy developed COVID-19 infection during treatment with prednisolone.

The boy was admitted with nephrotic syndrome (NS), was treated with prednisolone 2 mg/kg/day [*route not stated*] and achieved complete remission. During the tapering of prednisolone to 1.3 mg/kg/day, a PCR for SARS-COV-2 was positive [*time to reaction onset not stated*]. Then, he was transferred to other hospital for the concurrent management of COVID-19 and NS. A physical examination showed high fever and periorbital oedema. Investigations showed the following: BP 98/50mm Hg, pulse 88 /min, percutaneous oxygen saturation 98% and body temperature 39°C, Weight gain with 1.0kg. Haematological examination showed WBC 10,700 / μ L, haemoglobin level 13.4 g/dL and platelet count 252,000 / μ L. His C-reactive protein level and lactate dehydrogenase level were slightly elevated. The AST and ALT were found to be 29 U/L and 11 U/L, respectively. He was found to have proteinuria. Serum total protein and albumin levels were slightly decreased. Serum total cholesterol was 606 mg/dL, triglyceride 105 mg/dL and low-density lipoprotein cholesterol was 539 mg/dL. His fever subsided following 2 days without treatment for COVID-19. He was treated with prednisolone 2 mg/kg/day as proteinuria increased. His proteinuria gradually reduced with remission occurring a week following initiation of full-dose steroid treatment. After recovery from NS relapse and Covid-19, he was discharged. His anti-SARS-CoV-2 antibodies including IgG levels began to decrease 2 months after the onset of COVID-19 infection.

Enya T, et al. Nephrotic syndrome relapse in a boy with COVID-19. CEN Case Reports 10: 431-434, No. 3, Aug 2021. Available from: URL: <http://www.springer.com/medicine/nephrology/journal/13730>

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