categorised into DAD, OP or progressive OP. The degree of lobar involvement on CT were scored 0-4 (0=0%, 1≤25%, 2= 26-50%, 3= 51-75%, 4>75%) for each lobe.

Results: The median age of the patients was 64 (range, 33-79) years. All patients had chest CT at a median of 10 (range, 4-18) days from symptom onset, 10 (45.4%) had DAD and 12 had OP or progressive OP. All patients with DAD had a CT score of ≥10 and 9 received high flow nasal cannula or mechanical ventilatory support. The average PaO_2/FiO_2 ratio was lower in patients with DAD than those with OP or progressive OP (113 VS 179). All patients received systemic corticosteroids [median duration, 47.5 (range, 3-129) days] and 12 (54.5%) had pulse methylprednisolone therapy. The median length of hospital stay was 18.5 (range, 9-42) days. All patients were discharged home without the need for domiciliary oxygen therapy. All 19 patients with follow-up CXR showed radiological improvement after a median of 68 (range, 33-171) days from symptom onset.

Conclusions: Most cases of DAD and OP in severe COVID-19 pneumonia have a good outcome. A larger cohort study is needed to determine the prognosis of the different CT patterns of severe COVID-19 pneumonia.

P5-119 | Community acquired pneumonia secondary to multidrug resistant *Pseudomonas luteola*: A case report

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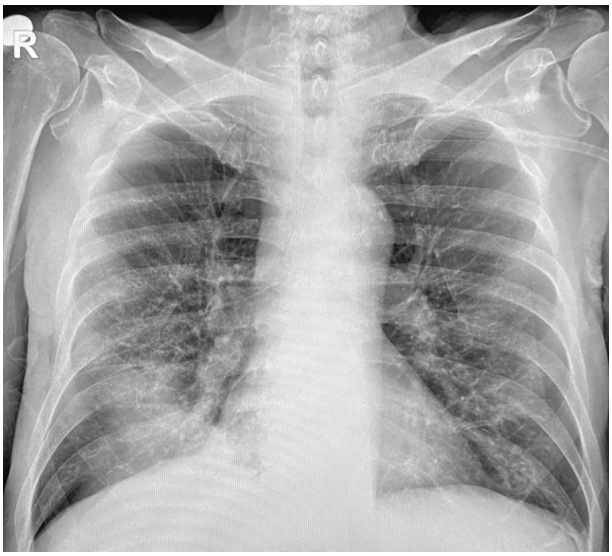
We report a case of a 74 years old Filipino male, who was admitted due to increasing abdominal girth and generalized body weakness. He had chronic obstructive pulmonary disease and lung adenocarcinoma with liver and bone metastasis. He was a previous heavy smoker. On admission, initial blood exam revealed leukocytosis with neutrophil predominance (WBC 43.35; Neutrophils 68). Chest radiograph revealed bibasal haziness with consolidation on the right. He was previously on piperacillin + tazobactam as out-patient antibiotic therapy and was started on meropenem upon admission. He underwent jejunostomy and peritoneal drain insertion, right. Sputum culture revealed moderate growth of *Pseudomonas luteola* with multidrug resistance. Bacterial cultures of blood and peritoneal fluid were negative. Vancomycin and fluconazole were added. Despite additional antibiotics, creatinine levels increased (177 from 105) and leukocytosis progressed (WBC 51.31). Meropenem and vancomycin were shifted to linezolid and cefepime with the addition of ciprofloxacin. On the 11th hospital day, he was noted to have persistent dyspnea and weakness and eventually expired on the 13th hospital day.

P. luteola is an aerobic, non-spore forming gram-negative rod bacteria and was first described and termed in 1974 as *Chryseomonas luetola*. It is a rare pathogen with few reports



of nosocomial pneumonia, endocarditis, septicemia, and foreign body-related infections. It has been recorded both in immunocompromised and immunocompetent patients with varying course outcomes. Community acquired pneumonia secondary to pseudomonas luteola has not been documented. Reporting emerging new infections is very important as it provides vital information for the treatment of such new pathogens.

P5-120 | Withdrawn

P5-121 | Inhaled beclomethasone in the treatment of early COVID-19: A placebo-controlled, randomized trial

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Introduction: Administration of inhaled corticosteroid in early COVID-19 in the general population has been shown to reduce progression to urgent medical care and time to recovery in an open-label, non-placebo-controlled study. This has yet to enter COVID-19 treatment guidelines. We aim to test if inhaled glucocorticoids would be an effective treatment for early COVID-19 in a placebo-controlled clinical trial

Objective: To study if inhaled dry powder beclomethasone 1200 mcg per day reduces progression of asymptomatic or mild-moderate COVID-19 to severe disease.

Study Design: Double-blind, placebo-controlled, parallel-group, randomized

Study Setting: COVID-19 intermediate treatment centre in a district hospital in Sri Lanka

Study Population: All consenting patients above 18 years, within the first 7 days of PCR-proven COVID19 infection, with asymptomatic or mild-moderate disease

Intervention: Inhaled dry-powder beclomethasone 1200 mcg per day compared with placebo
Primary Outcome: The primary endpoint is progression of disease severity defined by
· oxygen saturation drop < 94% and
· any one of the following 3 treatment escalation steps:
o initiation of supplemental oxygen
o initiation of dexamethasone
o transfer to a higher-tier healthcare facility
Sample Size: 190 per arm
Sampling Method: Participants randomized to inhaled beclomethasone or placebo, in addition to usual care, by random sequence generator in a 1:1 ratio in a double blind manner
Data Collection Method: Interviewer administered questionnaire, measurement of temperature and oxygen saturation using non-invasive methods, self-administered CCQ and FLUPro questionnaire.
Ethical Approvals: Ethics approval from the University of Kelaniya; Sri Lanka Clinical Trials Registry SLCTR/2021/017 Recruitment has begun

P5-122 | A case of secondary organizing pneumonia caused by relapse of inflammation after COVID-19 treatment with systemic corticosteroid and tocilizumab

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A 72-year-old man with COPD presented to our clinic with fever. He was tested positive for SARS-CoV2 PCR and admitted to our hospital. CT imaging showed widespread pulmonary emphysema without signs of pneumonia. On the 9th day of the disease onset, his need for oxygen was increased. On the CT images, slight ground-glass opacities (GGO) appeared in the left lower lobe. Methylprednisolone and tocilizumab were administered. He was stable and afebrile while systemic corticosteroid was gradually tapered and finished on the 32nd day. He was discharged on 33rd day with home oxygen therapy. CT images on discharge showed subpleural consolidation in lower lobes and slight GGO in the left lingula. He was re-admitted to our hospital on the 39th day because of relapsing fever. SARS-CoV2 PCR was positive again with significantly reduced viral load compared to the first admission. CT images showed *de novo* infiltrates in the left lingula and the right middle lobe. Oxygen requirement increased on the next day to FiO_2 60% through high flow nasal canula, when methylprednisolone and tocilizumab were re-administered. Lung infiltrates on the chest X-ray resolved quickly, accompanied by improvement of respiratory status.
The clinical course indicated secondary organizing pneumonia (OP) as a cause of the respiratory distress during the second admission. This was possibly triggered by the relapse of the inflammation unveiled by diminishing effect of the first tocilizumab without systemic corticosteroid support. Future research is necessary to clarify patients at risk to develop secondary OP after steroid and tocilizumab for COVID-19.

P5-123 | The clinical features and outcomes of discharged SARS-CoV-2 patients: A prospective cohort study

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Background/Aim: Current knowledge of long-term sequelae of SARS CoV-2 is limited. Multiple studies have demonstrated persistent abnormalities in lung function and overall health in MERS and SARS survivors. Currently, there is a lack of data on the long-term sequelae of Coronavirus Disease 2019 (COVID-19).
Methods: This prospective cohort study was performed in the South-Eastern Sydney Local Health District (SESLHD) in Sydney, Australia for patients diagnosed with COVID-19 between March to December 2020. The primary objective is to investigate the clinical outcomes of patients including pulmonary function, quality of life and mental health status after diagnosed with COVID-19.
Results: Forty-two patients with COVID-19 were identified. The median age was 52 years (interquartile range [IQR]: 32-65 years) and most of the patients were defined as non-severe COVID-19. The commonly reported symptoms were fatigue 81% (34/42), headache 74% (31/42) and myalgia 62% (26/42). The median FEV1 and FVC were 98% (IQR 86-106%) and 95% (IQR 88-105%) predicted at 3 months after diagnosis. At six months, the median FEV1 and FVC were 96% (IQR 87-109%) and 97% (IQR 85-107%) predicted. The median Depression Anxiety Stress Scale test (DASS-21) was 2 (IQR 0-7) for depression, 4 (IQR 2-4) for anxiety and 8 (IQR 3-13) for stress at 3 months. The median DASS-21 was 2 (IQR 0-6) for depression, 4 (IQR 0-6) for anxiety and 6 (IQR 0-14) for stress at 6 months.
Conclusion: This study aims to provide an update on the clinical outcomes for patients diagnosed with COVID-19.