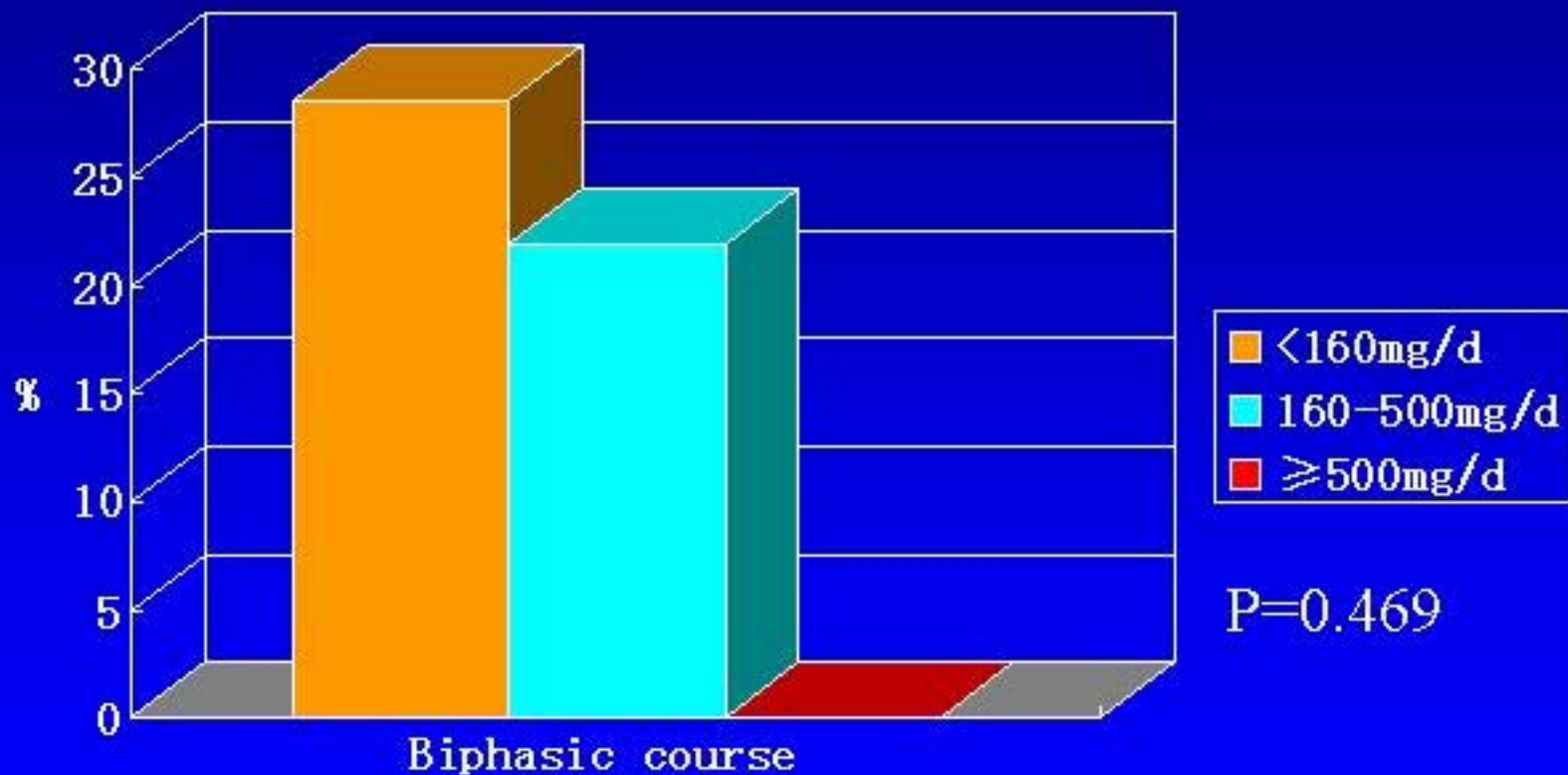


- 20.3% of patients in this group had a biphasic course.
- Severe and critically ill patients: 31.4% had the 2nd phase.
- The starting time: 5th-14th day, the mean is 9.8 ± 3 .
- 92% of these patients recovered with GCS therapy in 5.6 ± 2.68 days

The Initial Dosage of GCS and the Incidence of the 2nd Phase



The Side effects of GCS in different maximal dosage

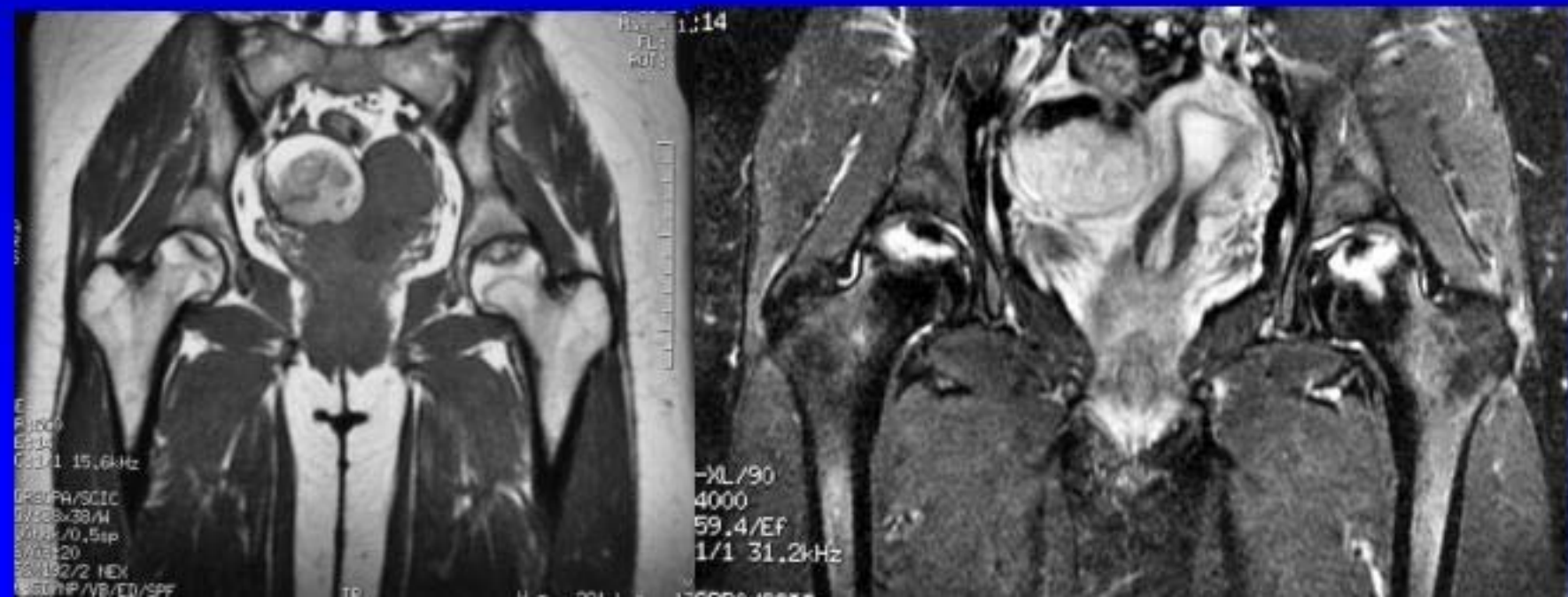
- **<160mg/d:**
 - no side effects 14/16
 - Hyperglycemia 2/16
- **160-500mg/d :**
 - No side effects 37/48
 - side effects 11/48
 - 8 with hyperglycemia, 1 with hypokalemia, 3 with hypocalcemia, 1 with hyperosmolar syndrom(died from renal failure)
- **≥500mg/d:**
 - 27/42 with side effects
 - 16 with hyperglycemia, 7 with hyperkalemia, 10 with hypocalcemia, 2 with lung infection(2 died from respiratory failure), 1 with ketoacidosis

A 51-yr old man, with a history of diabetes mellitus and chronic bronchitis. Admitted to the hospital because of SARS. He had pus sputum and the pulmonary bacteria infection was also diagnosed. GCS was not given at first but the disease progressed rapidly. MP, 560mg/d, was given as well as Sulperazon. Both pulmonary infection and SARS were under control.

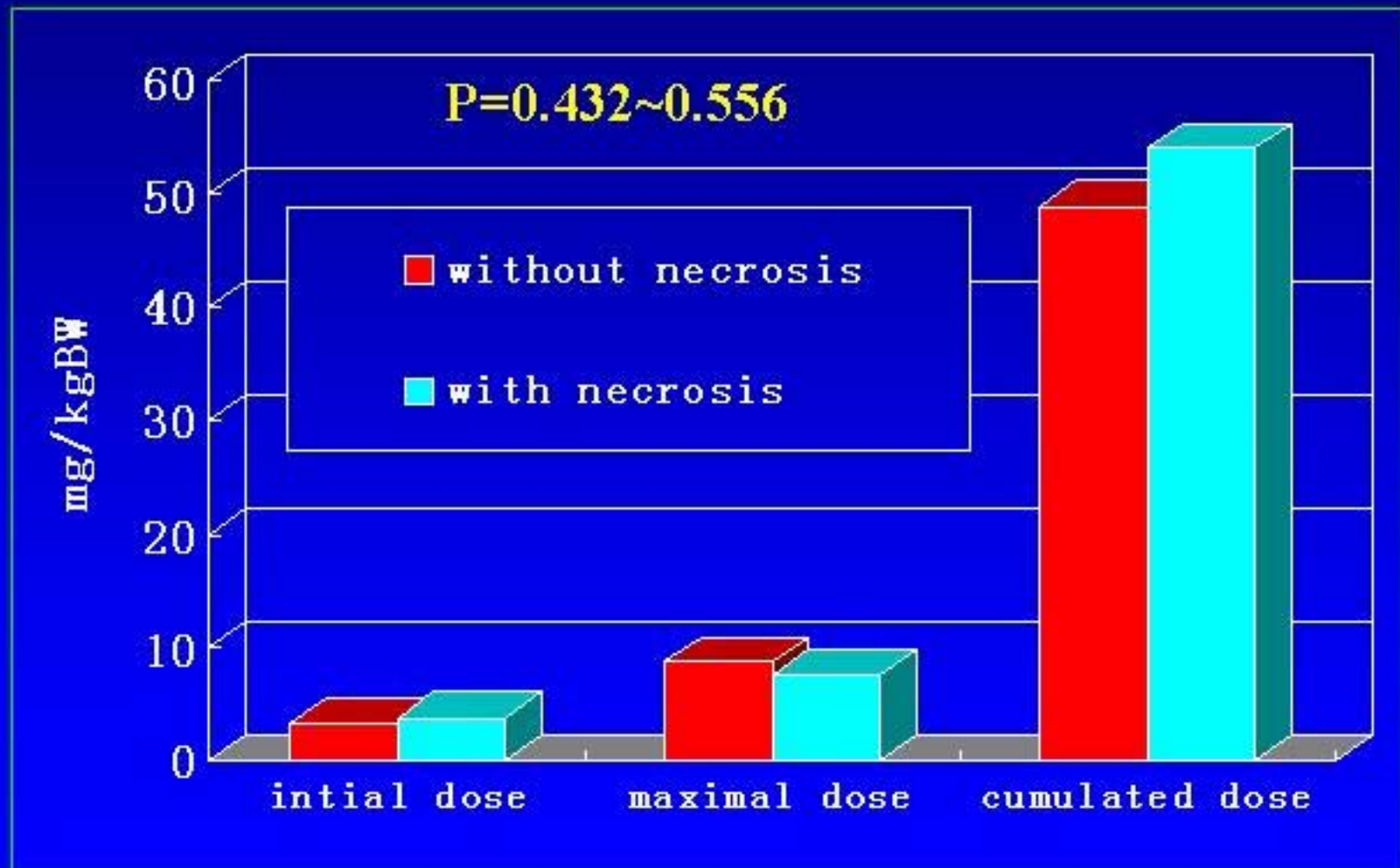


Osteonecrosis and SARS

- 24 cases received MRI scanning of bones
- 6 had signs of osteonecrosis but with mild symptoms
- Femoral head was the most frequently involved site



GCS Use and Osteonecrosis



**What is the pathogenesis of
osteonecrosis of SARS ?**

The role of GCS?

The role of SARS itself?

The Causes of Death

- 5 patients died in this group
 - Myocardial infarction: 1
 - MODS: 1
 - Respiratory failure: 1
 - Secondary pulmonary infection
and type 2 respiratory failure: 2

Conclusion

- There is some laboratory evidence of influence on immune system in SARS but from clinical practice, the immunity suppression is not so significant.
- Despite of lack of randomized controlled trial on the use of GCS in SARS, GCS was effective at least for some SARS patients in clinical practice.
- The side effects of GCS should be concerned and the long term ones should be followed up.
- Standardizing the use of GCS in SARS is crucial.
- Randomized controlled trial is needed for determining the indication, the dosage, the duration of GCS use in the treatment of SARS.



Acknowledgement

- I should thank all staffs of SARS medical team from Peking University 1st Hospital for their devotion in the crisis of SARS .
- I appreciate the excellent work from my colleagues.
- I should also thank all the patients who provide us so much on SARS in the cost of their life and health.

