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Title: Adjunctive systemic corticosteroid treatment in hospitalized patients with community-acquired pneumonia

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Body: Rationale: Although steroids potentially modulate the activation of the immune system in patients with pneumonia, the clinical benefit of adjunctive corticosteroid therapy in patients with community-acquired pneumonia (CAP) remains controversial. Objective: The present study evaluated the effects of adjunctive corticosteroid therapy on hospitalized patients with CAP. Methods: We retrospectively studied 98 patients with CAP having definitive etiologies who visited the Toranomom Hospital between April 2006 and April 2010. Results: The patients included 49 men and 49 women with a mean age of 64 years (range: 19-100). Underlying diseases included diabetes mellitus (n=23), malignancy (n=21) and chronic obstructive pulmonary diseases (n=7). The Pneumonia Severity Index (PSI) was I in 20 patients, II in 25, III in 21, IV in 30, and V in 2. Causative pathogens were Streptococcus pneumoniae (n=33), Haemophilus influenzae (n=25), Mycoplasma pneumoniae (n=22), and others (n=17). Of the 98 patients, 67 were treated with standard antimicrobial therapy and 31 were treated antibiotics and systemic steroids (prednisolone 15-60 mg/day). Clinical characteristics were similar between the steroid and nonsteroid groups, except that PSI was higher in the steroid group. In the steroid group, the number of patients with a clinical cure at days 7 and the median length of hospital stay were 11 (35%) and 15.1 days, respectively, while those in the nonsteroid group were 36 (55%) and 14.5 days, respectively (p = 0.08, and p = 0.43, respectively). Conclusion: Adjunctive corticosteroid therapy along with antibiotics does not improve the outcome of CAP in hospitalized patients.