



Rationale of using commonantifibrotic therapy in post covid fibrosis

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Abstract:

Pulmonary fibrosis can occur in the absence of any clear-cut inciting agent & cause, that happened in IPF but it is more commonly develop following acute and/or persistent lung injury/damage due to many causes such as : Connective tissue disorders Chronic granulomatous diseases, Medications, and different respiratory infections (Virals & fungals)

Available clinical, radiographic, and autopsy data has indicated that pulmonary fibrosis is central to severe acute respiratory distress syndrome (SARS) and MERS pathology, and current evidence suggests that pulmonary fibrosis could also complicate infection by SARS-CoV-2.

Various mechanisms of lung injury in COVID-19 have been described, with both viral and immune-mediated mechanisms being implicated. Apart from these, additional factors could predispose individuals to severe lung injury and lead to an increased risk of mortality or pulmonary fibrosis in survivors.

Currently, there are no approved therapies for SARS COV2. Trials are based on drugs that are already approved for other diseases, have acceptable safety profiles or have been effective in animal studies against the other two highly pathogenic coronaviruses. Apart from the potent use of antivirals to reduce the viral effects, the use of antifibrotic therapies could also be under consideration based on the pulmonary fibrotic disease observed after COVID-19 recovery Pirfenidone and Nintedanib are the two approved antifibrotic drugs for IPF. Despite having different modes of action, are both effective in attenuating the rate of lung function decline and are widely considered to improve life expectancy.

Biography:

Dr. SM Abdullah Al Mamun, MBBS. , MD, FCCP, Senior Consultant & coordinator of Respiratory Medicine At Evercare Hospitals Dhaka, completed his graduation (MBBS) from Dhaka Medical College in 1994.



In 1996, he started his Career as research fellow in Bangladesh medical Research Council. In 1997, Dr. Mamun joined Bangladesh health service after passing BCS examination and in the same year enrolled in MD (Respiratory Medicine) course. In January 2000, he passed MCPS (Medicine from BCPS and January 2003, he obtained MD degree in Respiratory Medicine from the National institute of Diseases of the chest and hospital Dhaka.

He also attended two training programs during European respiratory society Congress in Barcelona and Vienna in 2009 and 2010. In 2010, Dr. Mamun promoted in Govt. service as Assistant professor of Respiratory Medicine and joined to Shere Bangla Medical College Barisal.

Publication of speakers:

1. Abdullah al Mamun, Sm. (2018). Yield Performance of Sesame (*Sesamum indicum* L.) Varieties at Varying Levels of Row Spacing.
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4. Al-Mamun, Abdullah & Mozumder, M.. (2014). Japan's Contribution Towards Economic Development and Political Stability of Bangladesh.

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