Streptokinase

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Lack of efficacy: case report

A 72-year-old man exhibited lack of efficacy following treatment with streptokinase for pulmonary thrombosis.

The man was hospitalised following a diagnosis of COVID-19. ECG revealed sinus tachycardia. High-flow nasal oxygen was initiated leading to improvement in oxygen saturation. He was treated with clopidogrel, aspirin and heparin [unfractionated heparin]. He was transferred to the ICU for further management. He was treated with levofloxacin, meropenem, famotidine, dexamethasone, ascorbic acid, vitamin D, zinc, atorvastatin, acetylcysteine [N-acetyl cysteine] and lidocaine. His clinical condition improved. However, in the evening of the same day, his condition suddenly deteriorated. Endotracheal intubation was performed. Unspecified vasopressor and ionotropic agents were initiated. On the next day, CT-pulmonary angiography demonstrated thrombosis in bilateral pulmonary arteries and multiple branches of pulmonary veins. A brain CT scan revealed an infarct on the cortical-subcortical left parietal lobe, pons, and left part of the cerebellum. He was diagnosed with COVID-19-associated coagulopathy. He started receiving thrombolytic therapy for pulmonary thrombosis with streptokinase at a loading dose of 250000IU over 30 minutes followed by 100000 IU/hour over 12 hours [*route not stated*]. On day 14, he was still in critical condition. Despite thrombolytic therapy with streptokinase, no improvement was noted. He was treated with tocilizumab. On day 18 of hospitalisation, he died due to multiple end-organ failure.

Aribawa IGNM, et al. Progressive COVID-19-Associated Coagulopathy Despite Treatment with Therapeutic Anticoagulation and Thrombolysis. American Journal of Case Reports 22: 10 May 2021. Available from: URL: http://doi.org/10.12659/AJCR.930667

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