

Chloroquine

S

Cardiac toxicity following off label use: case report

A 23-year-old woman developed cardiac toxicity during off-label treatment with chloroquine for coronavirus disease-2019 (COVID-19) infection.

The woman, who had a fever, fatigue, dry cough and dyspnoea, was admitted to the intensive care unit. Subsequent reverse transcriptase-polymerase chain reaction (RT-PCR) test on a nasopharyngeal swab specimen was positive for SARS-CoV-2 ARN. Thereafter, a chest computed tomography scan was performed which showed bilateral pulmonary infiltrates. Subsequently, she started receiving off-label treatment with chloroquine [*route and dosage not stated*] for COVID-19 infection. However, following the single dose of chloroquine, she developed cardiac toxicity.

The woman's chloroquine was discontinued [*outcome not stated*]. Then, based on the further laboratory test, she was diagnosed with systemic lupus erythematosus (SLE) with antiphospholipid antibody syndrome (APS). Consequently, she started receiving steroid therapy with methylprednisolone. Her COVID-19 infection deteriorated to hypoxaemic respiratory failure. Hence, invasive mechanical ventilation was initiated. After 13 days from COVID-19 diagnosis, she developed a skin rash on the trunk. Dermatologic examination revealed erythematous papules and papulovesicles scattered bilaterally and symmetrically on the trunk. Histopathological examination showed orthokeratotic hyperkeratosis with a perivascular inflammatory infiltrate. Her COVID-19 infection deteriorated. She died 16 days after the diagnosis of COVID-19.

Slimani Y, et al. Systemic lupus erythematosus and varicella-like rash following COVID-19 in a previously healthy patient. *Journal of Medical Virology* 93: 1184-1187, No. 2, Feb 2021. Available from: URL: <http://doi.org/10.1002/jmv.26513>

803536577