

Multiple drugs

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Off-label use and no clinical improvement: case report

A 34-year-old man did not show clinical improvement during treatment with remdesivir, and during off-label treatment with convalescent-anti-SARS-CoV-2-plasma, hydroxychloroquine, methylprednisolone and tocilizumab for COVID-19 [*not all routes stated*].

The man, who was diagnosed with COVID-19, received IV remdesivir 200mg on day 1 and 100mg on days 2–10 and off-label therapy with hydroxychloroquine 400mg twice on day 1, followed by 200mg twice on days 2–5, methylprednisolone 1 mg/kg, convalescent-anti-SARS-CoV-2-plasma [convalescent plasma] 4 units and IV tocilizumab 400mg injection, with four doses over 96h at an interval of 12–24h, without any clinical improvement. Concomitantly, he received unspecified anticoagulants.

Therefore, on day 5 after diagnosis, the man was moved to a COVID-19 critical care unit on 100% FiO₂ through a non-rebreathing mask and a high-frequency nasal canula for further treatment of bilateral pneumonia. He developed end-stage pulmonary fibrosis after COVID-19 infection. He was haemodynamically stable with mechanical ventilation and extracorporeal membrane oxygenation (ECMO); however, he could not be weaned off ECMO. Then, he underwent successful bilateral lung transplantation. He was discharged on post-transplant day 15. He was doing well and was undergoing physical therapy on post-transplant day 250.

Gogia P, et al. Lung transplantation for post-COVID-19 pulmonary fibrosis. *Respirology Case Reports* 9: 1-5, No. 11, Nov 2021. Available from: URL: <http://doi.org/10.1002/rcr2.862>

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