

Azithromycin/hydroxychloroquine**S****Torsade-de-pointes following off-label use: case report**

A 53-year-old woman developed torsade de pointes syndrome secondary to arrhythmia during off-label therapy with hydroxychloroquine and azithromycin for severe COVID-19-related acute respiratory distress syndrome (C-ARDS) [*routes not stated*].

The woman was admitted to the ICU for COVID-19-related acute respiratory distress syndrome (C-ARDS). She received off-label therapy with 600mg hydroxychloroquine thrice daily and 250mg azithromycin once daily. On day 4, there was an onset of arrhythmia, which was characterised by premature ventricular complex and occasional repetition in bigeminy patterns. After 13 minutes, the electrical abnormalities were followed by the occurrence of torsade-de-pointes with twisting of the QRS complexes around the isoelectric line.

The woman received continuous perfusion of magnesium sulphate, which helped in the return and maintenance of normal rhythm. Additionally, hydroxychloroquine and azithromycin were discontinued. Subsequently, the mechanical ventilation was weaned off, and the test results obtained for COVID-19 were negative. She was discharged on day 27 without any further requirement for treatment of arrhythmia.

Zarrouki Y, et al. Torsade de pointes caused by hydroxychloroquine use in a patient with a severe form of COVID-19. Southern African Journal of Critical Care 36: 12-13, No. 1, Jul 2020. Available from: URL: <http://doi.org/10.7196/SAJCC.2020.V36I1.449>

803515943