Celecoxib/cloxacillin/durvalumab

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Lichen or bullous pemphigoid-like eruption and acute tubulointerstitial nephritis: case report

An approximately 61-year-old woman developed lichen or bullous pemphigoid-like eruption during treatment with celecoxib and durvalumab. Additionally, she developed acute tubulointerstitial nephritis (ATIN) during treatment with cloxacillin and durvalumab [*not all route, dosages, durations of treatment to reactions onset and outcomes stated*].

The woman, who had poorly differentiated squamous cell carcinoma with peritoneal carcinomatosis and lymph node metastases, started receiving investigational treatment with durvalumab infusion 1500mg monthly since May 2017. In September 2019, she developed a generalised rash and underwent thorough investigation by dermatology. The final diagnosis was a lichen or bullous pemphigoid-like eruption attributed to the durvalumab, and possibly precipitated by concomitant use of celecoxib. She had last received celecoxib in September 2019.

Therapy with durvalumab was temporarily withdrawn and recommenced in January 2020, while the woman remained on prednisone. In mid-May 2020, 3 weeks after her last durvalumab infusion, she developed dyspnoea, fever and dry cough. Approximately 10 days afterwards, she presented to the emergency department with aggravation of her symptoms and was found to be positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Initial investigations showed severe rapidly progressive acute kidney injury with refractory hyperkalaemia, for which she required conventional intermittent haemodialysis within 24h following her initial presentation. Urinary output was preserved with an average of 50 ml/h over 24h. She received a single dose of furosemide for hyperkalaemia within the first hour. She had normal kidney function before the admission and had not received any medications known to potentially induce kidney injury. Her home medications consisted of atorvastatin, paracetamol [acetaminophen], calcium, prednisone, pregabalin, levothyroxine sodium [levothyroxine] and vitamin D. She was treated with cloxacillin 1g three times a day for 7 days in March 2020 for an infectious lymphadenitis. She had excellent clinical response and with normal serum creatinine values. However, chest X-ray showed multiple bilateral ground-glass opacities. Urinalysis revealed leukocyturia, microscopic haematuria and significant proteinuria. A low antinuclear antibody titer was present with an increased CRP. The left kidney was biopsied on day 7 of hospitalisation and showed a histological pattern consistent with severe ATIN. Immunohistochemical staining and in-situ hybridisation for SARS-CoV-2 did not show the presence of the virus. Prednisone was initiated on day 11 of admission and rapidly tapered on day 17 upon recovery of kidney function. She returned to her baseline clinically and was discharged 17 days after the hospitalisation. Follow-up assessment showed rapid and sustained continuous amelioration in kidney function.

Buyansky D, et al. Acute Tubulointerstitial Nephritis in a Patient on Anti-Programmed Death-Ligand 1 Triggered by COVID-19: A Case Report. Canadian Journal of Kidney Health and Disease 8: 19 May 2021. Available from: URL: http://doi.org/10.1177/20543581211014745

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