

Antituberculars/dobutamine/norepinephrine

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Treatment unsuccessful: case report

In a report of two cases, a 71-year-old man (case 1) was described, who experienced unsuccessful treatment during antitubercular therapy with ethambutol, isoniazid, pyrazinamide and rifampicin for pulmonary tuberculosis. Subsequently, treatment with dobutamine and norepinephrine was also unsuccessful for treating circulatory decompensation [*not all routes stated; dosages not stated*].

The smoker man, who was homeless, presented to hospital in Poland on 25 May 2020 due to multiple symptoms and atrial fibrillation of an undetermined duration. He underwent multiple investigations. Medical history included treatment (unspecified) of tuberculosis in 1981. On 27 May 2020, he tested positive for COVID-19. On 28 May 2020, he was found to have active, advanced pulmonary tuberculosis. Therefore, he started receiving antimycobacterial treatment with isoniazid, rifampicin, pyrazinamide and ethambutol. Further studies confirmed the isolated strain to be *Mycobacterium tuberculosis*, which was sensitive to isoniazid, rifampicin, pyrazinamide, ethambutol and streptomycin. From hospital day 3, he experienced increased respiratory failure, without any improvement after using high-flow oxygen therapy.

Therefore, mechanical ventilation was started. The man started receiving infusion of norepinephrine and infusion of dobutamine due to circulatory decompensation. However, he suffered a cardiac arrest by asystole after a few hours and was declared dead (on 31 May 2020). Treatments with ethambutol, isoniazid, pyrazinamide, rifampicin, dobutamine and norepinephrine were unsuccessful. It was noted that he died as a result of COVID-19 and tuberculosis.

Kozinska M, et al. COVID-19 in patients with active tuberculosis. *Diagnostics* 11: 1-7, No. 10, Oct 2021. Available from: URL: <https://www.mdpi.com/2075-4418/11/10/1768>

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