Azithromycin/hydroxychloroquine

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QT prolongation following off label use: case report

In a case series of 3 patients conducted between April 2020 and July 2020, a 39-year-old man was described, who developed QT prolongation following off-label use of azithromycin and hydroxychloroquine for COVID-19 [*routes and dosages not stated*].

The man, who had a history of hypertension, presented to the emergency room with severe chest pain, dyspnoea and sweating for 4 days. He reported that, he had lived with active COVID-19 first-degree relative. ECG showed anterolateral myocardial infarction. Laboratory tests showed elevated troponin-I level and COVID-19. Emergency coronary angiography showed occlusive left anterior descending thrombus. Percutaneous coronary intervention was performed. He was prescribed off-label azithromycin and hydroxychloroquine. For thrombus, he received aspirin, clopidogrel and atorvastatin. Subsequently, in few hours, oxygen saturation decreased. He developed respiratory acidosis. COVID-19 pneumonia was considered. Subsequent respiratory failure required in endotracheal intubation and invasive mechanical ventilation. On day 3 of the admission, he developed with QT prolongation, which was considered to be due to azithromycin and hydroxychloroquine.

The man's azithromycin treatment was discontinued and hydroxychloroquine was continued with close ECG monitoring. Subsequently, he was extubated with optimal ICU care. A month following the admission, he was discharged in good condition.

Alizadehasl A, et al. A case series of myocardial infarction in SARS-CoV-2-infected patients: Same complication, different outcomes. Clinical Case Reports 10: No. 1, Jan 2022. Available from: URL: http://doi.org/10.1002/ccr3.5304

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