Immunosuppressants

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COVID-19: 11 case reports

In a retrospective study of 13 patients conducted between 14 April 2020 and 28 May 2020, 11 patients aged 26–77 years (6 men and 5 women) were described, who developed COVID-19 during immunosuppressive treatment with belatacept, ciclosporin, tacrolimus, sirolimus or unspecified corticosteroids after kidney transplantation [*duration of treatments to reactions onsets; dosages and routes not stated*].

The patients, who had undergone kidney transplantation, had been receiving immunosuppressive treatment including tacrolimus and unspecified corticosteroids (5 patients), belatacept infusion and unspecified corticosteroids (3 patients), ciclosporin [1 patient; cyclosporine], tacrolimus (1 patient), and sirolimus and unspecified corticosteroid (1 patient). Subsequently, the patients presented with symptoms including dyspnoea, cough, fever, diarrhoea or anosmia/ageusia with decreased lymphocyte count. Six of the 11 patients were diagnosed with COVID-19 based on a positive SARS-CoV-2 RT-PCR on a nasopharyngeal swab and findings of radiological pneumonia. The remaining 5 patients were suspected with COVID-19 based on mild symptoms compatible with COVID-19.

The patients with suspected COVID-19 had no change in the immunosuppressive therapy and recovered rapidly without complications. The patients with confirmed diagnosis of COVID-19 were hospitalised and received oxygen therapy and were maintained on unspecified corticosteroids. Additionally, the patients underwent withdrawal of tacrolimus (2 patients), belatacept (1 patient), ciclosporin (1 patient) and continued tacrolimus with dose reduction (2 patients). After a few days of admission, the patients were discharged after recovery (5 patients), and remained hospitalised due to post-COVID-19 pulmonary function impairment, without restarting of the immunosuppressive therapy and no impact on kidney graft function (1 patient).

Candon S, et al. T cell and antibody responses to SARS-CoV-2: Experience from a French transplantation and hemodialysis center during the COVID-19 pandemic. American Journal of Transplantation 21: 854-863, No. 2, Feb 2021. Available from: URL: http://doi.org/10.1111/ajt.16348 803551795