Dexamethasone/immune-globulin

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Treatment ineffective: case report

A 56-year-old man exhibited treatment ineffectiveness during treatment with dexamethasone and immune-globulin for thrombotic microangiopathy.

The man presented to the emergency department on 12 March 2020 with haematuria, petechiae and melena along with fever from the past 2 weeks. His medical history was significant for hepatitis-C virus infection with sustained virological response to unspecified direct acting antivirals in 2015 and the development of a non-neoplastic spleno-porto-mesenteric thrombosis in 2016 under treatment with fondaparinux-sodium [fondaparinux]. At the time of presentation, fondaparinux-sodium therapy was ongoing. Following examinations after presentation, he was diagnosed with COVID-19 bilateral interstitial pneumonia. Further tests confirmed thrombotic microangiopathy. Hence, the ongoing fondaparinux-sodium therapy was stopped. He was administered a total of 14 units of erythrocytes and 19 units of buffy-coat platelets. His treatment was started with dexamethasone and IV immunoglobulin; however, the treatment was ineffective [*not all routes started; dosages not stated*]. On day 7 of hospitalisation, he developed acute kidney injury, hepatorenal syndrome type I, acute liver decompensation with large ascites. On day 20, COVID-19 test showed negative result. After viral clearance, subsequent improvement in his condition along with other parameters was noted.

Airoldi A, et al. COVID-19-related thrombotic microangiopathy in a cirrhotic patient. Digestive and Liver Disease 52: 946, No. 9, Sep 2020. Available from: URL: http://doi.org/10.1016/j.dld.2020.06.019

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