

Etanercept/methotrexate

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COVID-19: case report

A 53-year-old woman developed COVID-19 during treatment with etanercept and methotrexate for ankylosing spondylitis.

The woman was diagnosed with ankylosing spondylitis in March 2017. She started receiving unspecified nonsteroidal-anti-inflammatory medications and anti-rheumatic therapy with sulfasalazine and methotrexate 15 mg/week [route not stated]. However, her ankylosing spondylitis symptoms waxed and waned. Therefore, SC etanercept 50mg once weekly was added. Thereafter, sulfasalazine was suspended and methotrexate was continued. At the follow-up visit in December 2019, improvement in her ankylosing spondylitis was noted hence interval of etanercept injection was decreased to 3 week. Thereafter, she was diagnosed with COVID-19 [*duration of treatments to reaction onsets not stated*] on 03 March 2020 after getting in contact with a COVID-19 patient. At that time, her latest etanercept injection was administered on 20 February 2020. She had mild COVID-19 symptoms including cough and rhinorrhea without fever, taste or gustatory abnormality and was admitted for isolation. On 25 March 2020, she experienced ankylosing spondylitis symptoms and thus self-administered etanercept. She developed decrease in sensation of taste on 5th April 2020. Upon neurological examination, it was noted that she could perceive the smell of ground coffee beans; however, moderate decrease in the smell intensity was noted.

The woman received glucose [dextrose] water orally and severely disturbed sweet taste was noted. Her electrophysiologic studies for facial nerve conduction and blink reflex showed normal results and brain magnetic resonance imaging showed no abnormalities. She showed negative results for SARS-CoV-2 on 6th and 7th April 2020. Therefore, she was discharged from the isolation.

Lee JM, et al. Olfactory and Gustatory Dysfunction in a COVID-19 Patient with Ankylosing Spondylitis Treated with Etanercept: Case Report. *Journal of Korean Medical Science* 35: e201, No. 21, Jun 2020. Available from: URL: <http://doi.org/10.3346/jkms.2020.35.e201>

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