

## Anidulafungin/antibacterials

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### Failure of response: case report

A 75-year-old man failed to respond to meropenem, levofloxacin and vancomycin while being treated for coronavirus OC43 infection, and to anidulafungin while being treated for *Candida albicans* fungaemia [*dosages not stated*].

The man was admitted to a hospital in August 2019 due to one-week history of breath shortness, dry cough, decreased appetite, and subjective low-grade fever. Based on laboratory examinations, an initial diagnosis of community acquired pneumonia was made. A nasopharyngeal swab was collected for multiplex reverse transcriptase (RT)-PCR detection of viral infections. He was empirically treated with ceftriaxone, piperacillin/tazobactam, doxycycline and hydrocortisone, but only partial response was noted. Subsequently, his condition deteriorated and he required high-flow oxygen on day-11 followed by intubation on day-12. Inotropic support was required due to hypotension. Because of persistently low oxygenation, he was put on venous-venous extracorporeal membrane oxygenation (VV-ECMO). Respiratory panel testing showed positive results for human coronavirus CO43. Therefore, his antibacterial therapy was switched to IV meropenem, levofloxacin and vancomycin; however, he remained dependent on VV-ECMO and developed oliguric renal failure indicating lack of efficacy for meropenem, levofloxacin and vancomycin. On day-22, he was diagnosed with *Candida albicans* fungaemia, for which he was given IV anidulafungin. Despite treatment with anidulafungin, his condition continued to deteriorate. Eventually, his condition deteriorated further with the development of multiorgan failure. On day-30, he died of pneumonia associated with coronavirus OC43 infection.

Lau SKP, et al. Fatal Pneumonia Associated With a Novel Genotype of Human Coronavirus OC43. *Frontiers in Microbiology* 12: 14 Jan 2022. Available from: URL: <http://doi.org/10.3389/fmicb.2021.795449>

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