

Multiple drugs

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Oculogyric crisis off-label use and lack of efficacy: 3 case reports

In a case series, three men aged 60–62 years were described, who exhibited lack of efficacy during off-label treatment with methylprednisolone, dexamethasone or tocilizumab for COVID-19 infection or COVID-19 pneumonia. One of these three patients also developed oculogyric crisis during treatment with haloperidol for delirium [*routes not stated; not all dosages stated*].

Patient 2: A 60-year-old man was admitted due to fever for 7 days and swelling of left leg because of deep vein thrombosis. Based on further tests, he was diagnosed with COVID-19 pneumonia. He had history of psychomotor delay due to Down's syndrome and celiac disease. Ten days after the admission, he exhibited a generalised myoclonic tremor along with distal jerks in all the limbs (predominantly in the left side). He was diagnosed with generalized myoclonus with distal jerks. Dyspraxia and disorientation were also observed. The myoclonus improved following treatment with clonazepam and levetiracetam. For COVID-19 pneumonia, he received off-label methylprednisolone and tocilizumab. Despite receiving treatment with methylprednisolone and tocilizumab, he died of respiratory failure 2 weeks later (lack of efficacy).

Patient 4: A 60-year-old man was admitted due to shortness of breath for 1 week secondary to COVID-19 infection. For COVID-19, he started receiving off-label treatment with tocilizumab and dexamethasone, without any improvement. Further, he developed severe acute respiratory failure, due to which he was transferred to the ICU. He stayed at ICU for 118 days. Four days after the discharge from the unit, he developed a generalised myoclonic tremor (predominantly in left limbs) with jerks in both legs but specially in feet following tactile stimuli in sole of the foot. He also developed oculogyric crisis, which was probably thought to be related to haloperidol treatment, which he received to control an episode of delirium [*time to reaction onset and outcome not stated*]. The myoclonus resolved after the treatment with levetiracetam.

Patient 5: A 62-year-old man with no medical history was admitted to the ICU due to fever for 7 days and respiratory distress. On day 42, he developed a generalized myoclonus with spasmodic jerks on the left side of the body and in his abdominopelvic region and hypoaesthesia in the left extremities. At this point, midazolam and propofol were stopped. He was diagnosed with segmental myoclonus associated to COVID-19. He received treatment with clonazepam, valproate, lacosamide and levetiracetam, but with no good response. For COVID-19, he received off-label treatment with tocilizumab and methylprednisolone 80mg for 5 days without any response (lack of efficacy). Sixty-five days after the admission, he died due to multiorgan failure.

Alvarez Bravo G, et al. Clinical heterogeneity in patients with myoclonus associated to COVID-19. *Neurological Sciences* 43: 1587-1592, No. 3, 2022. Available from: URL: <http://doi.org/10.1007/s10072-021-05802-1>

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