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Convalescent-anti-SARS-CoV-2-plasma

Lack of efficacy following off-label use: case report

A 57-year-old woman exhibited lack of efficacy with off-label convalescent-anti-SARS-CoV-2-plasma while being treated for COVID-19 pneumonia [dosage and route not stated].

The woman was diagnosed with COVID-19 pneumonia in November 2020. Blood tests revealed severe neutropenia, mild thrombocytopenia and anaemia, after which she was admitted to the ICU. She started receiving off-label piperacillin/tazobactam 4.5g four times a day, posaconazole 300 mg/day, and dexamethasone for COVID-19 pneumonia. Ventilator support and continuous positive airway pressure were also started. Simultaneously, she was also diagnosed with acute myeloid leukaemia (AML) and started receiving unspecified low molecular weight heparins. AML therapy was postponed for adequate treatment of COVID-19. She was improving clinically; however, SARS COV-2 PCR test was still positive. She then received two cycles of infusion of off-label convalescent-anti-SARS-CoV-2-plasma [convalescent plasma]. Despite treatment with convalescent-anti-SARS-CoV-2-plasma, nasopharyngeal swab test was reflecting as positive (lack of convalescent-anti-SARS-CoV-2-plasma efficacy). Finally she started receiving azacitidine [azacytidine] and venetoclax. Her posoconazole treatment was replaced with off-label micafungin 50 mg/day. Her blood count completely recovered 46 days after initiation of treatment. At this time, antibacterial and antifungal therapy was stopped. On the week-7 of COVID-19 diagnosis, her swab test became negative and she was discharged with the course of venetoclax. After first cycle of azacitidine and venetoclax, residual 6% myeloid blasts were detected; hence, she was given a second cycle of treatment. Subsequently, she achieved a complete remission.

Taurino D, et al. Concurrent diagnosis of acute myeloid leukemia and symptomatic covid-19 infection: A case report successfully treated with azacitidine-venetoclax combination. Mediterranean Journal of Hematology and Infectious Diseases 13: No. 1, 2021. Available from: URL: http://doi.org/10.4084/MJHID.2021.057

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