Mycophenolate-mofetil/prednisone/tacrolimus

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Coronavirus disease-19: case report

A 61-year-old woman developed Coronavirus disease-19 (COVID-19) during treatment with mycophenolate mofetil, prednisone and tacrolimus as immunosuppressant therapy [*routes and durations of treatments to reaction onset not stated*].

The woman, who had a history of end-stage renal disease because of adult polycystic kidney disease and status post living-related kidney transplant in 2004 at an outside hospital, was referred to the emergency room with fever for 5 days. She also had nausea and diarrhoea, which had resolved by the time of presentation. The diarrhoea and nausea lasted for 5 days. The diarrhoea was watery and non-bloody, occurring about 4 to 5 times a day. Ten days before the admission, she had attended a funeral. The symptoms began after attending a funeral in the city where several people had tested positive for COVID-19. Her medical history was significant for hypertension, histoplasmosis and gout. Her home medications consisted of mycophenolate mofetil 250mg two times a day, tacrolimus 0.5mg two times a day, prednisone 5 mg/day, allopurinol, labetalol, itraconazole and hydralazine. On presentation, she was febrile with 103°F, BP 151/85mm Hg, pulse rate 87 beats per minute, oxygen saturation 92% to 97% on room air and respiratory rate 24 breaths per minute. Physical examination showed that she was in respiratory distress with reduced breath sounds on the left side of her chest. The urinalysis showed 2+ protein, which was new, negative for red blood cells and blood. The chest X-ray showed mild mid to lower lung infiltrate bilaterally, more remarkable on the left. The chest CT with contrast showed few scattered rounded ground glass and consolidative opacities seen within the lingula of the left lung and middle lobe right lung and segmental lung consolidation seen within the dependent portion of both lower lobes.

The woman was treated with azithromycin and ceftriaxone for possible community-acquired pneumonia. For fever, she was initiated on IV fluids and unspecified antipyretics. Therapy with mycophenolate mofetil was interrupted, continuing prednisone and tacrolimus. The COVID-19 testing performed using polymerase chain reaction at the time of admission was found to be positive. For the first 2 days, she needed only 2 to 3L of oxygen, and no oxygen was required after that. The fever resolved. She was discharged from the hospital after 5 days. Mycophenolate mofetil was recommenced and continued the same immunosuppressive treatment, before the hospital admission. She continued to do well following 2 weeks after discharge.

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