

Multiple drugs

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Coronavirus disease 2019 (COVID-19) and lack of efficacy: case report

A 55-year-old woman developed Coronavirus disease 2019 (COVID-19) while receiving treatment with tacrolimus, mycophenolate mofetil and prednisolone [dosage and routes not stated] as an immunosuppressant therapy. She also exhibited lack of efficacy while being treated with norepinephrine [noradrenaline] [*dosage and route not stated*] and immunoglobulin for cytokine storm.

The woman, who had undergone kidney transplant, admitted with one week history of cough, dyspnoea and fever. She had been receiving tacrolimus, mycophenolate mofetil and prednisolone as immunosuppressant therapy. She had also been using losartan for hypertension. On physical examination, she was tachypneic. Chest auscultation showed bilateral fine crackles. Her body temperature, BP and respiratory rate was 38°C, 120/80mm Hg and 28 /min, respectively. Oxygen saturation was 98% in the room air. She reported a history of contact with her brother, who was admitted for 7 days and died from COVID-19. Chest CT scan revealed bilateral ground-glass opacities. She was diagnosed with COVID-19.

Mycophenolate mofetil was discontinued and tacrolimus dose was halved. The woman was treated with hydroxychloroquine and azithromycin. Seven day after admission, she developed hypoxemia. She was transferred to the ICU and intubated. Also, she was initiated on favipiravir and off-label IV tocilizumab 400mg QD for 2 days and IV immunoglobulin (2 g/kg; divided doses in 5 days). Nine days after the onset, she developed hypotension, suggestive of cytokine storm. She was treated with norepinephrine. Subsequently, serum creatinine was increased, oliguria, and metabolic acidosis was developed. Continuous venovenous hemodiafiltration was started. Additionally, hemadsorption was started with CytoSorb for the treatment of cytokine storm. She was died due to multiorgan failure as a consequence of cytokine storm in the ICU on the 10th day of admission.

Dirim AB, et al. Fatal SARS-CoV-2 infection in a renal transplant recipient. CEN Case Reports 9: 409-412, No. 4, Nov 2020. Available from: URL: <http://doi.org/10.1007/s13730-020-00496-4>

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