

Multiple drugs

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Caecal haemorrhagic ulceration, cytomegalovirus infection and off-label use: case report

A 71-year-old man developed cytomegalovirus (CMV) infection during treatment with prednisolone. Further, he also developed caecal haemorrhage from a caecal ulceration during treatment with heparin and prednisolone. Additionally, he received off-label treatment with prednisolone, favipiravir and hydroxychloroquine for SARS-CoV-2 acute respiratory disease [*not all dosages, routes and outcomes stated*].

The man, who had autoimmune pancreatitis and diabetes mellitus, presented to the hospital with fever. At that time, he had been receiving oral prednisolone 15mg daily for the autoimmune pancreatitis. He was eventually diagnosed with SARS-CoV-2 acute respiratory disease [*aetiology not stated*], and was hospitalised. His oral prednisolone was therefore switched to off-label IV prednisolone daily 20mg, and off-label therapy with favipiravir was initiated for the SARS-CoV-2 acute respiratory disease. However, no improvement was seen, hence, off-label therapy with hydroxychloroquine was added. On day 18 of hospitalisation, hemodiafiltration was initiated, and heparin was initiated for haemodialysis and due to coagulopathy secondary to coronavirus. On day 42, he complained of a large volume of bloody stool.

The man received blood transfusion. However, bloody stool continued, which further caused hypovolemic shock. A subsequent CT-scan revealed diffuse wall thickening of the ascending colon and the caecum. His stool cultures were negative for *Clostridium difficile*. Heparin was discontinued, and an urgent colonoscopy was performed, which revealed ulceration at the caecum. An exposed vessel under the clot was identified at the caecal ulceration, and that was treated with endoscopic clips for haemostasis. Heparin was considered to be a risk factor for the caecal haemorrhage. The heparin therapy was changed to nafamostat [nafamostat-mesilate]. Cessation of the bloody stool observed eventually. He underwent a blood test and immunohistochemical examination, which resulted positive for the CMV infection. Ganciclovir was therefore initiated. The steroid therapy with prednisolone was considered as a risk factor for development of the CMV infection. His respiratory function and the general condition worsened gradually [*aetiology not stated*], and he died 2 weeks after endoscopic haemostasis.

Yoshida N, et al. A case of urgent colonoscopic hemostasis of a caecal hemorrhagic ulceration in a patient receiving heparin for COVID-19 coagulopathy. JGH Open : 1-3, Jan 2020. Available from: URL: <http://doi.org/10.1002/jgh3.12435>

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