

Multiple drugs

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Lack of efficacy: case report

A 29-year-old woman exhibited lack of efficacy with off-label azithromycin, dexamethasone, interferon-beta-1, and remdesivir while being treated for COVID-19 pneumonia.

The woman with BMI of 38.2 had G5P2L2Ab2 and a history of one normal delivery; cesarean section with a gestational age of 37 weeks and 4 days. She was referred to physician and nutritionist at 16–20 weeks due to obesity and an internal physician immediately due to the impaired results of urine tests. At Weeks 31–34 of gestation, she was referred to physician again due to improper weight gain. Previously, she was not hospitalised and underlying disease in pregnancy care and was in the high-risk group due to pregnancy weight gain. On the delivery day, she admitted to the hospital emergency department complaining of pain and uterine contractions. Due to a history of previous cesarean section, she was prepared for emergency cesarean section at gestational age of 37 weeks and 4 days. She had no problem on arrival. She underwent cesarean section and transferred to recovery without any other complications. She delivered live baby boy with Apgar 9/10 and seemingly healthy. The following day, she was discharged with a good general condition with enoxaparin-sodium [enoxaparin] for DVT prophylaxis and warning signs. Three days after discharge, she was referred to Corona Center Hospital with symptoms of fever, chills, cough, and myalgia, and she was hospitalised with initial diagnosis of COVID-19. CT scan revealed lung involvement and turbidity of glass ground scattered in the peripheral parenchyma of both lungs, which is highly suggested for COVID-19 pneumonia and she tested positive for SARS-COV-2 virus infection. She started receiving off-label treatment with azithromycin, ceftriaxone, and unspecified corticosteroids [*dosages and route not stated*]. Three days later, after consultation with an infectious disease specialist and referring to ICU, her antibiotics were changed to meropenem, vancomycin, remdesivir and dexamethasone and interferon B1 was added into the treatment. During hospitalisation, she received two doses of enoxaparin-sodium. Due to a decrease in O₂ saturation, she was transferred to the ICU with consultation of an anesthesiologist. Due to O₂ saturation and drowsiness and restlessness, she was intubated. Based on the cardiac and echo findings, she had no heart problems and leucocytosis was observed. No evidence of tamponad Spap was observed. One day after hospitalisation in ICU, she suffered cardiac and respiratory arrest and despite CPR for one hour, she did not respond to resuscitation unfortunately and died thereafter. The result of COVID-19 test for newborn was be negative

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