## Multiple drugs

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### Various toxicities and off-label use: 10 case reports

In a retrospective study involving 10 patients with of COVID-19 pneumonia admitted in a hospital (Turkey) between March and October 2020, 10 men, aged 36–69 years were described, who developed COVID-19 pneumonia, sepsis, *Klebsiella* pneumonia ESBL (+) sepsis or COVID-19 pneumonia during an immunosuppression therapy with tacrolimus, mycophenolate-mofetil, methylprednisolone or everolimus. Additionally, the patients received an off-label treatment with favipiravir or tocilizumab for COVID-19 pneumonia [*routes not stated; not all dosages stated*].

All the patients were presented for anaemia and underwent liver transplantation due to alcoholism, Wilson disease, hepatitis B virus infection, hepatocellular carcinoma, sclerosing cholangitis, cryptogenic liver disease or neuroendocrine tumour. Six of the patients also had a medical history of diabetes mellitus, liver abscess, hypertension, asthma or atrial fibrillation. After the transplantation, the patients started receiving an immunosuppression therapy with tacrolimus, mycophenolate-mofetil and methylprednisolone [Prednol] (n=4), tacrolimus and mycophenolate-mofetil (n=5) or everolimus (n=1). However, all the patients developed COVID-19 pneumonia and admitted subsequently. The immunosuppression therapy was considered as the risk factor for the development of the COVID-19 pneumonia.

Thus, all the patients started receiving an off-label treatment with favipiravir (1600mg daily twice on the first day followed by 600mg daily twice for minimum 4 days) for 5 to 10 days for COVID-19. Additionally, an off-label treatment with tocilizumab 8 mg/kg was given in two patients. Anti-inflammatory therapy with methylprednisolone 40–250 mg/day or dexamethasone and anticoagulant therapy with enoxaparin sodium were also commenced in all the patients. However, three of the patients COvid-19 was complicated to *Klebsiella* pneumonia ESBL (+) sepsis, COVID-19 pneumonia or sepsis requiring admission to the ICU and mechanical ventilation. Thus, antibacterial therapy with meropenem, linezolid, anidulafungin, tigecycline, ampicillin/sulbactam or clarithromycin was started for four of the patients. Nine of the patients achieved a complete recovery after 5–32 days of the hospitalisation while the remaining one patient died due to the sepsis on day 26 of the hospitalisation [*durations of treatments to reactions onsets not stated*].

Kose A, et al. Clinical Characteristics and Outcomes of Liver Transplantation Recipients With COVID-19 Pneumonia. Transplantation Proceedings 53: 2481-2489, No. 8, Oct 2021. Available from: URL: http://doi.org/10.1016/j.transproceed.2021.06.027

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