

Antibacterials/immune-globulin/methylprednisolone

S

Lack of efficacy and off label use: case report

In a case series conducted between March 11, 2020 and March 19, 2021, including 5 patients, a 40-year-old woman was described, who exhibited lack of efficacy to off label treatment with immune-globulin, methylprednisolone and unspecified antibacterials for COVID-19.

The woman presented with areflexic quadriparesis with suggestion of bulbar and bifacial involvement. She had breathlessness and fever; she was diagnosed with COVID-19 and was receiving unspecified treatment. Following 20 days of COVID-19 onset, she had paresthesia's in her lower limbs associated with weakness that rapidly progressed to upper limbs. She also had weakness of respiratory muscles. Laboratory investigations revealed hepatic impairment, elevated c-reactive protein, D-dimer, lactate dehydrogenase and fibrinogen. Her CT severity score was 18/25. On cerebrospinal fluid analysis, proteins were elevated, glucose had declined and NCS suggested demyelinating polyneuropathy. Her pulmonary function worsened and she required ventilator support. She received off label treatment with IV immune-globulin, unspecified antibacterials [antibiotics] and methylprednisolone [*dosages not stated and all routes not stated*]. However, her condition further deteriorated (lack of efficacy), and she died on day eight of admission [*exact cause of death not stated*]

Khan F, et al. COVID-19-associated Guillain-Barre syndrome: Postinfectious alone or neuroinvasive too?. Journal of Medical Virology 93: 6045-6049, No. 10, Oct 2021.
Available from: URL: <http://doi.org/10.1002/jmv.27159>

803607270