

Hydrocortisone/methylprednisolone/tocilizumab**S****Various toxicities following off-label treatment: case report**

A 60-year-old man developed *Candida glabrata* infection, candidaemia due to *Candida parapsilosis* infection and Cryptococcaemia due to disseminated *Cryptococcus neoformans* infection following off-label treatment with hydrocortisone, methylprednisolone and tocilizumab for COVID-19.

The man, who had diabetes mellitus, hypertension and ischaemic heart disease, was admitted to the ICU with confirmed diagnosis of COVID-19. Upon admission, he was started on mechanical ventilation. He started receiving off-label treatment with 3 doses of tocilizumab 400 mg/once, 600 mg/once, and 600 mg/once, respectively, along with hydrocortisone and several doses of methylprednisolone [routes not stated; not all dosages stated]. Few days later, his bronchial alveolar lavage tested positive for *Candida glabrata*.

The man was treated with anidulafungin for 7 days. He underwent tracheostomy and was sedated and intubated for 22 days. After 28 days of ICU admission, he developed acute kidney injury [aetiology not stated]. Thus, haemodialysis was initiated. After 1 month of admission, he developed Candidaemia secondary to *Candida parapsilosis* infection, for which he received anidulafungin for more than 7 days. His hospital course was complicated by gastrointestinal bleeding manifesting as melena and per rectal bleeding [aetiology not stated]. The bleeding episodes were managed conservatively. Candidaemia persisted after 2 weeks of treatment. Therefore, he was prescribed with anidulafungin for more 14 days. Subsequently, after 18 days of anidulafungin treatment, his blood culture tested positive for *Cryptococcus neoformans*. He was diagnosed with Cryptococcaemia. He started receiving treatment with amphotericin B and flucytosine. He was also diagnosed with thrombocytopenia [aetiology not stated]. He developed sepsis due to Cryptococcaemia and died within 10 days of Cryptococcaemia development. The *Candida glabrata* infection, candidaemia due to *Candida parapsilosis* infection and Cryptococcaemia due to disseminated *Cryptococcus neoformans* infection were attributed to off-label treatment with hydrocortisone, methylprednisolone and tocilizumab [time to reaction onsets stated; not all outcomes stated].

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