

Ocrelizumab/rituximab

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COVID-19 infection: 2 case reports

In a retrospective study of 73 patients, who were diagnosed with COVID-19 infection between 15 January 2020 to 10 April 2021, 2 patients (1 man and 1 woman) aged 30–37 years were described, who developed COVID-19 infection during treatment with ocrelizumab or rituximab for multiple sclerosis (MS) [*dosages, routes and time to reactions onsets not stated*].

Patient 1: This report describes a 37-year-old woman, who developed COVID-19 infection during treatment with rituximab for primary progressive MS. The woman, who was diagnosed with primary progressive MS, started receiving rituximab. Subsequently, she developed fatigue, chills and epigastric pain. She was then hospitalised. On laboratory investigations, she was diagnosed with COVID-19 infection. Additionally, she developed pneumonia. During hospitalisation, she was treated with unspecified antibiotics, systemic glucocorticoids, and received O₂ therapy. Thereafter, she was transferred to ICU and received invasive ventilation. However, she died due to unspecified COVID-related complications.

Patient 2: This report describes a 30-year-old man, who developed COVID-19 infection during treatment with ocrelizumab for relapsing remitting MS. The man with relapsing remitting MS and hypertension, started receiving ocrelizumab. Subsequently, he developed fever (>38), cough, fatigue, sputum production and sore throat. He was then hospitalised. On laboratory investigations, he was diagnosed with COVID-19 infection. Therapy with ocrelizumab was discontinued. During hospitalisation, he was treated with unspecified antibiotics, systemic glucocorticoids, and received O₂ therapy. Thereafter, he was transferred to ICU and received invasive ventilation. However, he died due to unspecified COVID-related complications.

Fragoso YD, et al. Coronavirus disease 2019 in Latin American patients with multiple sclerosis. *Multiple Sclerosis and Related Disorders* 55: 103173, Oct 2021. Available from: URL: <http://doi.org/10.1016/j.msard.2021.103173>

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