Mycophenolate-mofetil/prednisone

S

Recurrence of COVID-19: case report

A 39-year-old woman developed recurrence of COVID-19 during treatment with mycophenolate mofetil and prednisone for systemic lupus erythematosus [*routes not stated*].

The woman, with a history of systemic lupus erythematosus from 2005, had been receiving treatment with prednisone and hydroxychloroquine. In May 2018, owing to increased lupus activity, mycophenolate mofetil 1g twice a day was added to her therapy. From November 2018 till presentation, her medications included mycophenolate mofetil 0.5g twice daily, prednisone 10mg four times daily and hydroxychloroquine. She visited her relatives in Wuhan between 21 Jan 2020 and 25 Jan 2020. On 5 February 2020, she developed dry cough and fatigue. After subsequent worsening of symptoms, she was admitted with a diagnosis of COVID-19 pneumonia. Her mycophenolate mofetil and prednisone were continued and she was treated with antivirals. On 26 February 2020, SARS-CoV-2 PCR test was negative and thus, she was discharged home and advised isolation for 14 days. However, on 5 March 2020 (8 days into family isolation), she re-developed dry cough, headache and arthralgia. An RT-PCR analysis showed positive SARS-CoV-2 RNA and she was re-hospitalised. A CT scan showed small ground glass shadow in the lower lobe of the right lung, whereas the lesion from previous examination of the left lung had resolved almost completely. She was diagnosed with a recurrence of COVID-19 secondary to immunosuppression by mycophenolate mofetil and prednisone. On 6 March 2020, her body temperature was 36.6°C, pulse rate was 87 bpm, haemoglobin and albumin were low, whereas blood leukocyte and lymphocyte counts were normal.

Like the woman's previous admission, she received antiviral treatment and immunosuppression was continued. Her headache, dry cough and arthralgia resolved on 7 March 2020. A re-test for SARS-CoV-2 was negative on three consecutive days. On 9 March 2020, her antiviral therapy was stopped. She reported feeling good and was discharged to home isolation for 14 days. After 14 days, she presented for a follow-up on 23 March 2020 and 11 April 2020. Her re-examinations on both occasions were negative for COVID-19. The latest CT showed almost complete resolution of the lesions. Her haemoglobin returned to baseline, as did albumin.

He F, et al. Successful recovery of recurrence of positive SARS-CoV-2 RNA in COVID-19 patient with systemic lupus erythematosus: a case report and review. [Review]. Clinical Rheumatology 39: 2803-2810, No. 9, Sep 2020. Available from: URL: http://doi.org/10.1007/s10067-020-05230-0

803501618