

Nafamostat

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Hyperkalaemia: case report

A 65-year-old man developed hyperkalaemia during treatment with nafamostat for disseminated intravascular coagulation.

The man admitted to the hospital due to suspected COVID-19 pneumonia. Upon admission, an RT-PCR of the pharyngeal sample tested positive for COVID-19. Therefore, he started receiving off label treatment for COVID-19. The treatment included lopinavir/ritonavir and meropenem on the day of admission, followed addition of favipiravir on admission day 2, and methylprednisolone, hydroxychloroquine [hydroxychloroquine sulfate] and ciclesonide on day 3 to his treatment regimen. However, he had persistent fever. His laboratory tests showed elevated D-dimer. Upon further evaluation, pulmonary embolism was suspected. Thus, heparin [unfractionated heparin] was initiated on admission day 7. On day 9, laboratory tests showed increased D-dimer and decreased platelet count. He was diagnosed with disseminated intravascular coagulation. Hence, nafamostat 200mg every 24h was added to heparin regimen from admission day 11 [*route not stated*]. This combination therapy led to improved respiratory condition. However, he developed hyperkalaemia secondary to nafamostat [*duration of treatment to reaction onset not stated*].

The man's nafamostat was discontinued on admission day 16. Repeat RT-PCR tests on admission days 61 and 63 tested negative for COVID-19 [*outcome of ADR not stated*].

Takahashi W, et al. Potential mechanisms of nafamostat therapy for severe COVID-19 pneumonia with disseminated intravascular coagulation. International Journal of Infectious Diseases 102: 529-531, Jan 2021. Available from: URL: <http://doi.org/10.1016/j.ijid.2020.10.093>

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