Methylprednisolone

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Disseminated infection due to *Sarocladium kiliense* following off-label use: case report

A 74-year-old woman developed disseminated infection due to *Sarocladium kiliense* during off-label treatment with methylprednisolone for COVID-19 pneumonia in Iran.

The woman, who had a 25-year history of diabetes mellitus, was admitted to a hospital in Iran due to fever and a progressive lesion on her toe on 07 August 2020. She became blind due to diabetes at 59 years of age, had received unspecified medicinal plants for 14 days to treat the lesions at another center. However, her lesions had worsened. At current admission, she was treated with insulin to decrease her blood sugar along with teicoplanin [Targocid] with piperacillin/tazobactam [Tazocin]. On 09 August 2020, histopathological findings revealed septate hyaline fungal hyphae. Hence, differential diagnoses of aspergillosis and fusariosis were considered. On 10 August 2020, she underwent toe amputation, and was treated with amphotericin-B liposomal [AmBisome]. She developed a necrosis after six days, and her foot was amputated from the upper part. Subsequent investigations confirmed COVID-19 pneumonia, and she started receiving off-label treatment with methylprednisolone 130mg for four days [*route not stated*] and four doses of SC interferon β-1b 0.25mg every 48h with oxygen therapy via nasal cannula. She was shifted to the ICU for management of COVID-19 pneumonia on 17 August 2020. Blood sample was drawn for a probable systemic infection as she had fever. On 19 August 2020, she was intubated. However, she died on same day due to disseminated infection caused by *Sarocladium kiliense*. Blood culture yielded *Sarocladium spp.* after four days of death. The disseminated infection was attributed to her methylprednisolone use.

Ranjbar-Mobarake M, et al. Fatal disseminated infection due to Sarocladium kiliense in a diabetic patient with COVID-19. Clinical Case Reports 9: No. 9, Sep 2021.
Available from: URL: http://doi.org/10.1002/ccr3.4596