

Multiple drugs

S

Infections and off label use: case report

A 64-year-old man developed *Candida auris* during treatment with tocilizumab, piperacillin/tazobactam, teicoplanin and cefepime, and Methicillin-resistant *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Candida tropicalis*, *Candida glabrata*, *Trichosporon asahii* infection during treatment with tocilizumab. Additionally, he received off-label treatment with tocilizumab, azithromycin, lopinavir/ritonavir and unspecified steroids for COVID-19 infection [routes and duration of treatments to reactions onsets not stated; not all dosages and outcomes stated].

The man presented with cough, shortness of breath and fever for 10 days. A diagnosis of COVID-19 infection was made. He started receiving off-label treatment with azithromycin and lopinavir/ritonavir. Following admission, his condition deteriorated and progressed to acute respiratory distress syndrome. He was transferred to the ICU, intubated and treated with unspecified steroids and tocilizumab (total dose of 1200mg, in 2 separate doses) along with broad-spectrum antibiotics including piperacillin/tazobactam, teicoplanin then cefepime to manage the ventilator associated pneumonia. Despite prone ventilation positions, he failed to maintain adequate saturation levels and continued to deteriorate. Hence, veno-venous extracorporeal membrane oxygenation was initiated. During the subsequent course, he received additional courses of unspecified antibiotics to treat sepsis when *Pseudomonas aeruginosa* and Methicillin-resistant *Staphylococcus aureus* were isolated from tracheal aspirates. Due to increased inflammatory markers with worsening of the clinical condition, progressive radiological shadowing, bronchoscopy, and bronchoalveolar lavage performed on day 23 of ICU admission, which grew *Candida tropicalis* and *Trichosporon asahii*. Then, he was treated with anidulafungin. However, he continued to deteriorate and developed acute liver and kidney injuries and started on haemodialysis support. Eventually, his condition stabilised and he was weaned off the ventilator support through tracheostomy. However, he developed raised inflammatory markers, fever and new radiological infiltrates on day 41. Then, he underwent repeated bronchoscopy and received empiric treatment with amphotericin B liposomal [liposomal amphotericin] for the treatment of subsequently isolated *Candida glabrata* resistance to unspecified echinocandins. Despite initial improvement, his condition deteriorated further with septic shock on day 45 with rapid deterioration. Eventually, he succumbed to death. Subsequently, blood cultures obtained from the time of deterioration grew *Candida auris* from both peripheral and central lines.

Goravey W, et al. Ominous combination: COVID-19 disease and *Candida auris* fungemia-Case report and review of the literature. Clinical Case Reports 9: No. 9, Sep 2021.

Available from: URL: <https://doi.org/10.1002/ccr3.4827>

803614793