

## Azithromycin/heparin/naproxen

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### Off-label use and treatment failure: case report

A 35-year-old man exhibited treatment failure during treatment with heparin for superior mesenteric vein thrombosis and partial portal vein thrombosis. Additionally, he received off-label treatment with azithromycin and naproxen for COVID-19 [*not all dosages stated; routes not stated*].

The man presented to the emergency department with chief complaint of epigastric pain radiating to the posterior for 3 days. Vomiting, episodes of diarrhoea or gastrointestinal bleeding were not reported. However, chronic constipation was reported. He also reported increase in severity of pain after meal. His history was significant for smoking 5 pack-years. No history of thromboembolism in immediate family was noted. Thirteen days prior to the presentation, he was diagnosed with COVID-19 for which he started receiving off-label treatment with azithromycin tablets and naproxen suppositories while he was home quarantined. After initial evaluation, he was hospitalised for diagnostic investigation. He was diagnosed with superior mesenteric vein thrombosis and partial thrombosis of portal vein. Therefore, he started receiving conservative treatment with heparin 1200 U/H along with metronidazole and ceftriaxone. He was kept on nil per os (NPO) diet for two days. However, he could not tolerate oral intake. Treatment failure was considered with heparin.

Therefore, the man underwent vascular intervention with reteplase infusion. After 24 hours incomplete thrombolysis was observed. Therefore, he received infusion for another 24 hours. Following the infusion, thrombosuction was performed. Later, complete recanalisation of superior mesenteric vein and portal vein was observed.

Ebrahimi H, et al. Successful vascular interventional management of superior mesenteric vein thrombosis in a patient with COVID-19: A case report and review of literature. *Radiology Case Reports* 16: 1539-1542, No. 6, Jun 2021. Available from: URL: <http://doi.org/10.1016/j.radcr.2021.03.038>

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