

Multiple drugs

X S

Off label use and QTc prolongation: case report

In a case series study conducted from March to April 2020 consisting of 5 patients, a 49-year-old woman was described who developed QTc prolongation during concomitant administration of hydroxychloroquine and azithromycin for coronavirus disease 2019 (COVID-19) pneumonia. Additionally, she received off label treatment with hydroxychloroquine, azithromycin, ciclesonide, dexamethasone and ceftriaxone for COVID-19 pneumonia [*not all routes and dosages stated*].

The woman had underlying hypertension and was receiving unspecified angiotensin converting-enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) medication. She was diagnosed with COVID-19 pneumonia via reverse transcriptase (RT) -PCR test for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), received off-label treatments with hydroxychloroquine 200mg for 8 days, oral azithromycin 500mg for 3 days, ciclesonide 2×200µg puffs 3 times a day for 16 days and ceftriaxone for COVID-19 pneumonia. Worsening of the respiratory condition was noted on the day after triple therapy initiation. Thus off-label administration of dexamethasone was started and her condition gradually improved. She developed QTc prolongation due to concomitant administration of hydroxychloroquine and azithromycin 8 days after triple therapy initiation. Consequently, hydroxychloroquine was discontinued [*outcome not stated*].

Mori N, et al. Triple therapy with hydroxychloroquine, azithromycin, and ciclesonide for COVID-19 pneumonia. *Journal of Microbiology, Immunology and Infection* 54: 109-112, No. 1, Feb 2021. Available from: URL: <http://doi.org/10.1016/j.jmii.2020.09.003>

803548182