

Multiple drugs

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Thrombocytopenia and off-label use: 2 case reports

In a study of 7 patients with COVID-19, an 87-year-old man and a 91-year-old woman were described, who developed thrombocytopenia during off-label treatment with hydroxychloroquine for COVID-19. Both patients also received off-label treatment with moxifloxacin, oseltamivir or ritonavir/lopinavir for COVID-19 [*not all dosages stated, time to reactions onsets not stated*].

Case 4: An 87-year-old man, who had a history of hypertension, heart block and pacemaker, presented to the hospital with fever, dry cough and vomiting. Concomitantly, he had been receiving levothyroxine-sodium, clopidogrel, atorvastatin, valsartan/hydrochlorothiazide and trimetazidine. At presentation, laboratory examination showed lymphopenia, while levels of WBC and neutrophil counts were normal. CRP and procalcitonin levels were also high. Subsequently, he was diagnosed with COVID-19, which led to hospitalisation. Subsequently, he started receiving off-label treatment with oral hydroxychloroquine, oral moxifloxacin and oral oseltamivir. He also required oxygen therapy. During follow-up in the ward, he developed thrombocytopenia secondary to hydroxychloroquine. Afterwards, thrombocytopenia resolved. After 12 days of hospitalisation, he was discharged from hospital.

Case 5: A 91-year-old woman, who had hypertension, Alzheimer's disease and major depression, presented to the hospital with fever, dry cough and dyspnoea. Concomitantly, she had been receiving memantine, aspirin [acetylsalicylic acid], amlodipine, donepezil [donepezil] and trazodone. At presentation, laboratory examination showed normal levels of WBC and neutrophil counts, while elevated levels of CRP. Subsequently, she was diagnosed with COVID-19, which led to hospitalisation. Subsequently, she started receiving off-label treatment with oral hydroxychloroquine, oral moxifloxacin and oral oseltamivir. In view of poor response, off-label treatment with oral lopinavir/ritonavir (ritonavir 50mg and lopinavir 200mg) was added. She also required oxygen therapy. During follow-up in the ward, she developed thrombocytopenia secondary to hydroxychloroquine. Later, she developed severe and rapid respiratory failure on day 10 of hospitalisation. Hence, she was intubated. However, after 3 days of intubation, she died.

Yamanoglu A, et al. How would you like your COVID-19? From a host with mild course disease, or from a severe one?. American Journal of Emergency Medicine 38: e7-e12, No. 11, Nov 2020. Available from: URL: <http://doi.org/10.1016/j.ajem.2020.05.091>

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