

Tacrolimus

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Chronic renal failure secondary to nephrotoxicity: case report

A man in his 60s [*age at the time of reactions onsets not clearly stated*] developed chronic renal failure secondary to nephrotoxicity during treatment with tacrolimus.

The man, who had hepatitis C and alcohol-related liver disease, underwent liver transplantation (LT) in 2017. Subsequently, he started receiving immunosuppressant drug therapy with tacrolimus 2mg twice daily [*route not stated*]. Three months after LT, he started receiving ledipasvir/sofosbuvir. Additionally, he had been receiving various concomitant medications. However, he developed dialysis-dependent chronic renal failure secondary to tacrolimus associated nephrotoxicity [*duration of treatment to reactions onsets and outcomes not stated*].

In January 2020, two years post LT (at the age of 63 years), the man had a stroke. Following further investigations, he was diagnosed with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection along with severe acute hepatitis. His tacrolimus dose was increased to 3mg twice a day in the setting of a trough level of 3.0 ng/mL. Based on liver biopsy results, his tacrolimus level was optimised to achieve a trough level of approximately 10 ng/mL. He did not warrant medical treatment for SARS-CoV-2 infection because he was oxygenating normally. Under observation, his liver chemistry tests and inflammatory markers improved by the time of discharge.