

Multiple drugs

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QTc prolongation leading to torsades-de-pointes and off-label use: case report

In a retrospective study of patients with COVID-19, who received hydroxychloroquine \pm azithromycin between 01 March 2020 and 15 April 2020, one patient [*age and sex not stated*] was described, who developed QTc prolongation leading to torsades-de-pointes during treatment with furosemide and salbutamol and off-label treatment with hydroxychloroquine and azithromycin [*not all routes, dosages and indications stated; durations of treatments to reactions onsets not stated*].

The patient was diagnosed with COVID-19 and hospitalised in USA. The patient's baseline QTc was 514ms. The patient received off-label treatment with oral hydroxychloroquine 400mg and azithromycin. However, following two doses of hydroxychloroquine and one dose of azithromycin an increase in QTc and a asymptomatic, nonsustained, episode of torsades-de-pointes was observed. The patient was additionally receiving furosemide and salbutamol [albuterol] that contributed in the QTc prolongation. At the time of episode of torsades-de-pointes, no electrolyte abnormalities were noted.

The patient's treatment with hydroxychloroquine and azithromycin were discontinued and the QTc shortened back. Subsequently, the patient was discharged and no further episodes of torsades-de-pointes were observed during the hospitalisation.

Saleh M, et al. Safely Administering Potential QTc Prolonging Therapy Across a Large Health Care System in the COVID-19 Era. *Circulation: Arrhythmia and Electrophysiology* 13: No. 11, Nov 2020. Available from: URL: <http://doi.org/10.1161/CIRCEP.120.008937>

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