

Leflunomide

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COVID-19 infection: 4 case reports

In a case study of Scottish health registry involving 69 patients, who were treated with leflunomide for autoimmune rheumatic diseases, 4 patients (3 women and 1 man), aged 57–66 years were described, who developed COVID-19 infection following treatment with leflunomide [*routes, dosages, durations of treatments to reactions onsets and outcomes not stated*].

Patient 1: The 58-year-old woman, who had been receiving leflunomide for rheumatoid arthritis presented with dyspnoea, cough, fever, confusion and constitutional upset. She also had diabetes and her concomitant medication included baricitinib. Subsequently, she was diagnosed with COVID-19 infection secondary to leflunomide and required ventilation.

Patient 2: The 63-year-old woman, who had been receiving leflunomide for Psoriatic arthritis presented with dyspnoea, cough, fever, diarrhoea, constitutional and upset. She also had hypertension, diabetes and chronic obstructive pulmonary disease. Subsequently, she was diagnosed with COVID-19 infection secondary to leflunomide and required ventilation.

Patient 3: The 57-year-old man, who had been receiving leflunomide for Psoriatic arthritis presented with dyspnoea, cough, fever and constitutional upset. Subsequently, he was diagnosed with COVID-19 infection secondary to leflunomide and required ventilation. Eventually, he died of COVID-19.

Patient 4: The 66-year-old woman, who had been receiving leflunomide for rheumatoid arthritis presented with dyspnoea, cough, fever, diarrhoea and constitutional upset. She also had ischaemic heart disease, hypertension, diabetes and latent tuberculosis. Her concomitant medication included hydroxychloroquine and triamcinolone [Kenalog]. Subsequently, she was diagnosed with COVID-19 infection secondary to leflunomide and required ventilation. Eventually, she died of COVID-19.

Karabayas M, et al. Leflunomide and severe COVID-19 outcome: Acautionary observation from the COVID-19 ScottishRegistry of Autoimmune Rheumatic Diseases (SCAR-19). *Rheumatology* 60 (Suppl. 1): i37 abstr. P052, Apr 2021. Available from: URL: <http://doi.org/10.1093/rheumatology/keab247.049> [abstract] 803572864