Multiple drugs

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Various toxicities: 18 case reports

In a multicenter observational prospective study of 116 patients, who received disease-modifying antirheumatic drugs (DMARDs) between 2015 and 2020, 18 patients [*ages and sexes not stated*] were described, who developed fatal COVID-19 infection, pulmonary adenocarcinoma, progression of interstitial lung disease (ILD), pulmonary superinfection, respiratory superinfection, brain haemorrhage, primary cerebral lymphoma or respiratory and urinary sepsis during treatment with adalimumab, cyclophosphamide, etanercept, hydroxychloroquine, infliximab, leflunomide, methotrexate, mycophenolate, nintedanib, rituximab, sulfasalazine or tocilizumab for rheumatoid arthritis (RA) [*dosages, routes and time to reactions onsets not stated*].

The patients with RA-ILD had been receiving DMARDs therapy including leflunomide (1 patient), methotrexate (2 patient), rituximab (1 patient), etanercept and hydroxychloroquine (1 patient), rituximab and hydroxychloroquine (1 patient), infliximab and leflunomide (1 patient) etanercept (2 patient), methotrexate and hydroxychloroquine (1 patient), sulfasalazine (2 patient), tocilizumab and methotrexate (1 patient), nintedanib and leflunomide (1 patient), hydroxychloroquine and mycophenolate (1 patient), methotrexate and leflunomide (1 patient), cyclophosphamide and mycophenolate (1 patient) or adalimumab (1 patient). However, the patients died due to adverse effects secondary to DMARDs therapy including COVID-19 infection (1 patient), pulmonary adenocarcinoma (1 patient), progression of ILD (5 patients), progression of ILD and pulmonary superinfection (2 patients), progression of ILD and respiratory superinfection (6 patients), brain haemorrhage (1 patient), primary cerebral lymphoma(1 patient) or respiratory and urinary sepsis (1 patient) after 10.5–179.3 months of DMARDs therapy. Out of these 18 patients, 2 patients permanently discontinued DMARD therapy including methotrexate and leflunomide, respectively due to respiratory superinfection.

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