

Ascorbic-acid, azithromycin and hydroxychloroquine

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Various toxicities: 3 case reports

In a prospective study involving 50 patients with COVID-19 conducted between 1 April 2020 to 31 July 2020 in Ghana, 3 patients including 2 men and 1 woman aged 26–47 years old, were described who developed supraventricular tachycardia, chest discomfort, abdominal pain, headache, sinus tachycardia, dyspnoea, passed out, nausea, vomiting or palpitations during off-label treatment with ascorbic-acid, hydroxychloroquine or azithromycin for COVID-19. Additionally, one of these patient had incorrect dose selection of azithromycin [*dosages not stated; not all routes stated*].

A 26-year-old man developed supraventricular tachycardia, chest discomfort and abdominal pain during off-label treatment with hydroxychloroquine and azithromycin for COVID-19. He was diagnosed with COVID-19 and received off label azithromycin and hydroxychloroquine therapy on 17 April 2020. The same day, he concomitantly also received off-label zinc, enoxaparin-sodium [enoxaparin] injection, ascorbic-acid [vitamin C] and ceftriaxone therapy for COVID-19. However, on the same day, he developed adverse drug reactions including supraventricular tachycardia, chest discomfort and abdominal pain secondary to azithromycin and hydroxychloroquine. Hence, hydroxychloroquine and azithromycin were discontinued on the second and third days respectively. He was treated with antacids suspension that comprised of alginic acid, aluminium-hydroxide and magnesium trisilicate and esomeprazole. All other medications were continued until the 5th day from the start of the ADRs (22 April 2020). On the 9th day (26 April 2020) from the start of the ADRs; he recovered fully and was discharged home.

A 35-year-old woman developed abdominal pain, headache, sinus tachycardia, dyspnoea, nausea and vomiting during off-label treatment with hydroxychloroquine, azithromycin and ascorbic-acid for COVID-19. She had history of asthma and was diagnosed with COVID-19. She received aminophylline and magnesium-sulfate on 7 May 2020 for severe life-threatening asthmatic attack and stopped on the same day. On the same day, she received off-label hydroxychloroquine, azithromycin, ascorbic-acid [vitamin C], ceftriaxone, methylprednisolone, salbutamol nebuliser, epinephrine [adrenaline], zinc and enoxaparin therapy. However, the same day, she developed adverse drug reactions including abdominal pain, headache, sinus tachycardia, dyspnoea, nausea and vomiting secondary to azithromycin, hydroxychloroquine and ascorbic-acid. These reactions lasted for 24 hours, although all drugs were continued except epinephrine which was given as a single dose.

A 47-year-old man developed palpitations and nearly passed out following incorrect dose selection and off-label treatment with azithromycin for COVID-19. He was diagnosed with COVID-19 and was incorrectly administered IV azithromycin by bolus IV injection instead of IV infusion. He experienced adverse drug reactions including palpitations and nearly passed out. The reactions stopped when the azithromycin was discontinued.