

Multiple drugs

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Lack of efficacy and immunodeficient status: case report

An approximately 58-year-old man [*exact age at the time of reaction onset not stated*] exhibited lack of efficacy following treatment with cyclophosphamide, doxorubicin, vincristine and rituximab for non-Hodgkin lymphoma. Subsequently, he developed immunodeficient status following treatment with fludarabine and rituximab for non-Hodgkin lymphoma [*doses, routes and outcome not stated*].

The man was diagnosed with SARS-CoV2-positive bilateral bronchopneumonia on 1 August at the age of 72 years. He had received his full dose of coronavirus-vaccine-Stemirna-Therapeutics/Tongji-University [mRNA anti-SARS-CoV2 vaccine] two months ago. He was noted to have hypogammaglobulinaemia and lymphopenia with absence of total B-cells. Anamnesis revealed that he had chronic obstructive respiratory disease and low grade non-Hodgkin lymphoma with massive bone marrow involvement and splenomegaly. Fourteen years prior, he had received monthly cyclophosphamide, doxorubicin [Adriamycin], vincristine [Oncovin] and rituximab for 6 cycles for non-Hodgkin lymphoma. However, he had exhibited disease refractoriness (lack of efficacy). One year later, he had been treated with fludarabine and rituximab for 3 cycles and had achieved complete remission. At current presentation, he was diagnosed with severe immunodeficient status which was suspected to have developed due to prior therapy with fludarabine and rituximab. The severe immunodeficient status had prevented an appropriate response to COVID-19-vaccine which had contributed in development of SARS-CoV2-positive bilateral bronchopneumonia.

D'Arena G, et al. SARS-COV2 Infection in Vaccinated Patients: Look for Clinical History and Test Humoral Immunity. Indian Journal of Hematology and Blood Transfusion 38: 207-209, No. 1, Jan 2022. Available from: URL: <http://doi.org/10.1007/s12288-021-01499-6>

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