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Mini Case Study

Case-Report Study of Using Azithromycin in Corona-Treatment Protocol

Ahmed Abomahfouz*

Internal Medicine Department, Ibn Sina Hospital, Tenth of Ramadan City, Egypt

***Corresponding Author:** Ahmed Abomahfouz, Internal Medicine Department, Ibn Sina Hospital, Tenth of Ramadan City, Egypt.

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Abstract

This is a case of 35 years old female patient presenting with intractable cough and vomiting, after presenting to multiple internal medicine clinics at nearby hospitals.

Keywords: *Corona Treatment Protocols; Use of Azithromycin in Corona; Drugs-Interactions in Covid-19 Protocols; Causes of Long QT Syndrome in Corona Patients*

Introduction

Azithromycin and other Macrolides "clarithromycin and erythromycin" are preserved for other atypical bacterial pneumonias such as *Mycoplasma* and *Legionnaires*.

Azithromycin prolongs QT on Electrocardiogram, this can cause Polymorphic ventricular tachycardia "a life-threating condition and major cause of sudden cardiac death".

This can occurs with azithromycin alone in susceptible patients, or with non-susceptible patients when azithromycin combined with:

1. Terbinafine and other first generation anti-histamines: Commonly prescribed for symptomatic treatment of patients with Covid-19.
2. Hydroxychloroquine: Results showed increased death-rates with its use and removed from protocols.
3. Vomiting: This can prolong QT through hypokalemia.

Also, azithromycin increases theophylline toxicity used as bronchodilator and results in severe gastro-intestinal disturbance, vomiting and tremors.

Case Report

This is a case of 35 years old female patient presenting with intractable cough and vomiting, after presenting to multiple internal medicine clinics at nearby hospitals at the last 2 days.

Vital signs measured

- Blood pressure: 105/70 mHg

- Pulse: 123 bpm
- Respiratory rate: 24/minute
- So_2: 96%
- Temperature: 38.7°C.

The patient was un-well with auscultation of chest revealed wide-scattered crepitation and wheeze.

High resolution Computerized tomography "CT" chest showed diffuse ground-glass appearance mainly at the lower lobes with the radiologist reporting the case as Covid-19.

Electrocardiogram revealed prolonged QT segment of 460 ms.

On reviewing the patient previous drugs, she was taking:

1. Azithromycin 500 mg once per day.
2. Salmeterol 20+ fluticasone 50 Mg inhaler twice per day.
3. Salbutamol twice per need.
4. Aminophylline syrup: 10 ml 3 times per day orally.
5. Pantoprazole 40 mg once per day.
6. Paracetamol 500 mg 3 times per day.

All-drugs discontinued except for:

1. Cephalexin 1g tab twice per day.
2. Paracetamol 1 gm 4 times per day.
3. Pantoprazole 40 mg once per day.

So_2 re-checked at 96% and patient discharged home, with tele-health follow up and request to sleep in prone position if mild shortness of breath.

3 days later patient was stable, breathing was normal, no nausea, with re-advise for social distancing and follow-up through phone [1-3].

Conclusion

Covid-19 is a respiratory virus so its treatment should be based on supportive care and not loading the patient with multiple drugs side-effects and drugs-interactions which will worsen rather than improving the condition.

Bibliography

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