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

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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-threatening condition and major cause of sudden cardiac death”.

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


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
So₂: 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.

So₂ 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.
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Bibliography


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