

4CPS-249 ELTROMBOPAG FOR TREATMENT OF AUTOIMMUNE THROMBOCYTOPENIA ASSOCIATED WITH COVID-19 VACCINE: A CASE REPORT

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Background and importance Cases of thrombocytopenia, including immune thrombocytopenia (ITP), have been reported after receiving Vaxzevria, typically within the first 4 weeks after vaccination.

Very rarely, these events presented with very low platelet levels ($<20 \times 10^9/L$) and/or were associated with bleeding.

Intravenous immunoglobulins and dexamethasone (high doses) are used to treat IPT secondary to COVID-19 vaccine.

Aim and objectives To describe a case of severe ITP secondary to COVID-19 vaccine successfully treated with eltrombopag.

Material and methods A 60-year-old male, with a clinical history of hypertension, consulted to the emergency department for spontaneous appearance of ecchymosis and petechiae of 10–12 days of evolution.

To highlight, he had received a first dose of Vaxzevria on 27 May 2021.

Physical examination revealed diffuse haematomas on the chest and arms. No haematuria, gingivorrhagia or active digestive bleeding were observed.

As the platelet count was $6 \times 10^9/L$ and no other relevant alterations were observed, it was oriented as an acute ITP possibly related to Vaxzevria.

Corticosteroid treatment was started with methylprednisolone 1 mg/kg/day. The serological study and immune profile were negative. A thoracoabdominal computed tomography scan ruled out a neoproliferative process.

Although the patient remained stable, he required a bolus of dexamethasone 40 mg/day for 4 days in the absence of a platelet response to methylprednisolone. Despite this, plaquetopenia persisted, so a bone marrow aspirate was performed. The study confirmed the presence of megakaryocytes, which indicated the existence of peripheral plaquetopenia. Therefore, treatment with eltrombopag was started.

Results Treatment with eltrombopag 50 mg/day was started on 22 July 2021, with a platelet count of $5 \times 10^9/L$. After 1 week the platelet count was $4 \times 10^9/L$ so the dose was raised to 75 mg/day. Five days after increasing the dose, the platelet count rose to $21 \times 10^9/L$. Two days after it was $41 \times 10^9/L$ so the patient was discharged with outpatient monitoring. On 14 October 2021 the platelet count was $101 \times 10^9/L$.

Conclusion and relevance Mild and transient thrombocytopenia is a common adverse event described for Vaxzevria. Cases presented with very low platelet levels are very rare. Nevertheless, the benefit of vaccination continues to outweigh the risks.

We describe a severe case of ITP secondary to COVID-19 vaccine successfully treated with eltrombopag after failure of systemic corticosteroids.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-250 HOME DELIVERY FOR OUTPATIENTS WITH IMMUNE-MEDIATED DISEASES: EXPERIENCE AND PATIENT SATISFACTION

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Background and importance Patients with immune-mediated diseases (IMIDs) frequently need therapies from the hospital pharmacy. Due to the COVID-19 pandemic, a home delivery service (HDS) with telepharmacy follow-up was started to avoid unnecessary visits to hospital.

Aim and objectives To describe the population that accepted the HDS and evaluate their satisfaction about it.

Material and methods Descriptive retrospective observational study in a cohort of patients with IMIDs who had received HDS from February to August 2021. Data collected were age, sex, pathology, distance to hospital, number of shipments and satisfaction survey score. Surveys were made by telephone and scored the Pharmacy Service, the transport company and global satisfaction by means of seven questions (each with scores ranging from 1 to 5).

Results 130 patients received HDS (7.23% of IMIDs outpatients), 116 of them were contacted for the survey. 81.9% were female. Median age was 74 (IQR 65.50–80.00) years. Pathologies distribution: 63 (54.31%) rheumatoid arthritis; 18 (15.52%) spondyloarthropathies; 14 (12.07%) multiple sclerosis; 7 (6.03%) inflammatory bowel disease; 5 (4.31%) psoriasis; 5 (4.31%) connective tissue diseases and 4 (3.45%) other IMIDs (hydradenitis or vasculitis). 22.41% patients lived outside of the city centre where the hospital is located. Patients received an average of 2.17 (SD 1.12) shipments during these months.

84.48% patients were offered HDS from the hospital pharmacy; 15.52% asked for the service themselves. Main reason chosen by patients to accepted HDS was the COVID-19 pandemic situation or self-insolation due to contact or infection (75.86%), followed by mobility difficulties (31.90%), distance to hospital (6.90%) and work schedule (0.86%).

Average survey score for Pharmacy Service: 4.93 (SD 0.29) about pharmacist follow-up, 5.00 (SD 0) about correct medication and 4.98 (SD 0.13) about shipping material. In relation to the transport company, the scores were 5.00 (SD 0) about carrier treatment, 4.86 (SD 0.58) about schedule compliance and 5.00 (SD 0) about proper packaging conditions. Average score for global satisfaction was 4.99 (SD 0.10).

Conclusion and relevance The pandemic situation increased HDS necessity (75.86% of patients requested it) but its continuity is justified specially due to mobility difficulties (31.90%) in older or incapacitated people, a frequent situation in IMIDs outpatients.

Home delivery is a service that is highly valued by patients. Even so, telepharmacy follow-up and trying to adapt the shipping schedule could be areas to improve the service.

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