4CPS-153 REMDESIVIR USE AND EFFICACY IN PATIENTS WITH SEVERE SARS-COV-2 PNEUMONIA

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Background and importance Remdesivir is a viral RNA polymerase inhibitor. After the NIAID ACTT-1 study results, it currently is an antiviral medicine used to treat coronavirus disease 2019.

Aim and objectives Describe use of remdesivir based on current epidemiological trends.

Describe results of use of remdesivir in clinical practice.

Compare our research results with those of the NIAD ATCC-1 study.

Material and methods Retrospective observational study, all patients treated with remdesivir were included for two study periods: first stage (July–December 2020) and second stage (January–March 2021). Demographic and clinical variables were collected. Data were obtained from electronic medical records and prescription applications. Nineteen patients were included in the study.

Results

At the beginning (n (%))		1st stage (n=14)	2nd stage (n=5)
Median age (years)		57.2	56.8
Sex	Female	5 (35.7)	2 (40)
	Male	9 (64.3)	3 (60)
Prescription	ICU	6 (43)	1 (20)
	No ICU	8 (57)	4 (80)
Charlson Comorbidity Index		2.94	2.90
Symptom days		6.1	5.9
Days of treatment		5	5
Treated with dexamethasone		10 (71.4)	4 (80)
Oxygen saturation		90.7	92.6
Respiratory support		14 (100)	3 (60)
Type of respiratory support	Vmask (30–60%)	3 (21,4)	1 (20)
	Nasal prongs	11 (78,6)	2 (40)
Total admission days		11.5	10
At 28 days (n (%))		**1st stage (n=14)**	**2nd stage (n=5)**
Respiratory support		3 (21.4)	0 (0)
Died		1 (7.14)	0 (0)
Not hospitalised		9 (64.3)	5 (100)

Conclusion and relevance In both stages remdesivir was used in a similar way in patients with similar basal characteristics. Treatment days were 5, instead of 10 days as in the pivotal study, due to regulation of Spanish health officials' instructions in patients who did not require mechanical ventilation.

Patients treated with remdesivir presented a recovery time with an average of 11.5 and 10 days, respectively. These data matched those of the previous study.

Similar to previous research, lack of a control group and the small sample size must be mentioned, and because of this the magnitude of clinical benefit could not be estimated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-154 STEVENS–JOHNSON SYNDROME IN A PREGNANT WOMAN CAUSED BY PYRIMETHAMINE AND SULFADIZINE

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Background and importance Stevens–Johnson syndrome (SJS) is a rare and serious skin drug reaction and the pathogenesis includes genetic factors. If it occurs in pregnant women, both conditions can simultaneously affect the mother and the fetus.

Aim and objectives To determine the contribution of the pharmacist in the treatment of rare side effects of drugs.

Material and methods Small cystic images were identified in a 42-year-old pregnant woman (28+1 weeks) by ultrasonography and neurosonography. A transplacental amniocentesis was offered to rule out infections and *Toxoplasma gondii* polymerase chain reaction (PCR) in amniotic fluid was positive. The patient began oral treatment with pyrimethamine tablets 50 mg/24 hours, sulfadizine 1500 mg/12 hours and folinic acid 7.5 mg/24 hours orally.

12 days after starting treatment, the pregnant woman attended the emergency department of our hospital due to the appearance of a skin rash on the abdomen and lower extremities, skin irritation and fever, and therefore admission was decided.

Results The patient presented feverish peaks during admission with worsening of the rash and painful laterocervical lymphadenopathy. In addition, she had anaemia, leukopenia, and thrombocytopenia attributed to this treatment. She was suspended from treatment with pyrimethamine and sulfadiazine due to suspected toxicity. The diagnosis was oriented to SJS secondary to pyrimethamine and sulfadiazine. Due to the worsening and the clinical dermatological severity of the patient, after consulting the pharmacist, it was considered necessary to start cyclosporine 120 mg every 12 hours (2 mg/kg/12 hours) intravenously (off-label use). She was finally referred to another hospital due to the worsening of the SJS. During admission, treatment with cyclosporine was not maintained, there was a progressive improvement in the skin lesions, and she was discharged due to a favourable evolution of the skin lesions.

Conclusion and relevance The pharmacist validated the treatments during the patient's hospital stay and reviewed the interactions and adverse reactions associated with the prescribed treatments, confirming the possible causality of SJS by pyrimethamine and sulfadizine. The pharmacist performed a bibliographic search and the benefit–risk balance of medications in special situations was evaluated. Finally, it should be noted that few cases of SJS have been reported during pregnancy, so the pharmacist notified the Spanish Pharmacovigilance System for Medicinal Products for Human Use.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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