A 77-year-old male patient was admitted to the isolated coronavirus disease-2019 (COVID-19) medical wing due to fever and shortness of breath. Past medical history included ischemic heart disease. Oxygen saturation on ambient air was 90%. The chest radiograph revealed bilateral pulmonary infiltrates. A nasopharyngeal swab specimen tested positive for severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Hydroxychloroquine sulfate (HCQ) was administered orally for 5 days. Twelve days later, a widespread pustulous skin eruption developed over the patient’s upper torso and arms [Figure 1A, Figure 1B]. The rash was attributed to HCQ treatment as no other offending agent was acknowledged.

In addition to QT prolongation, cardiac arrhythmias, hypoglycemia, and neuropsychiatric symptoms; various cutaneous reactions have been previously recognized after HCQ use, including acute generalized exanthematous pustulosis [1]. Drug-related eosinophilia and systemic symptoms have also been reported.

During the COVID-19 pandemic, preliminary local treatment guidelines in China, Italy, and France, suggested prescribing HCQ to moderately or severely ill patients. Israel, the United States, and other European countries adopted this practice [2], although it was based on limited observational studies and unpublished data [3]. Recent studies of HCQ treatment in COVID-19 patients have shown no clinical benefit, and some studies demonstrated possible harm [4]. Nevertheless, HCQ was administered to thousands of patients. Moreover, the liberal and widespread use of HCQ during the pandemic has led to a major shortage of the drug in many pharmacies, leaving systemic lupus erythematosus patients (of which the benefit of HCQ is proven) without their medication [5]. This situation provides a reminder that prescribing a drug without an established, evidence-based clinical justification may result in complications.

Until the benefit of HCQ in COVID-19-infected patients is confirmed in randomized-controlled trials, this medication should not be administered to COVID-19 patients.

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