

Abstract:

Severity and mortality of COVID-19 is higher among transplant recipients. The pathophysiology of COVID includes an initial viremic phase followed by hyperactivation of the immune system causing a cytokine storm syndrome. The decision of the degree of immunosuppression required in transplant recipients is challenging and should be balance between increased viraemia and graft rejection. We report a case of a 57-year-old Sri Lankan female kidney transplant recipient who was on everolimus, MMF and prednisolone post-transplant, presenting with severe covid pneumonia. She was successfully treated with dexamethasone, everolimus and tocilizumab after excluding bacterial sepsis. While dexamethasone and tocilizumab are of proven benefit in those with severe COVID pneumonia, they are not well-studied in this population. Furthermore current trend is to with-hold all immunomodulators in transplant recipients with severe COVID. We emphasize the potential benefit of everolimus is in both viremic and the immune phases and as an adjunct to tocilizumab.