

Linezolid a potential treatment for COVID-19 coinfections



Dear Editor,

The novel coronavirus (COVID-19) was first reported in China in December 2019 and rapidly spread to other parts of the world. Since then, many efforts have been made to identify the disease behavior. Based on published literatures, the most common symptoms of this disease were fever and cough followed by dyspnea and myalgia. Headache and digestive system symptoms were less common. Lung involvement caused by pneumonia is also a common finding in about 70% of patient's CT scans and in severe cases; COVID-19 can be complicated by acute respiratory disease syndrome (ARDS), sepsis and septic shock, multiple organ failure, including acute kidney injury and cardiac injury.^{1,2} Bacterial coinfections may also accompany this viral disease that need to be treated by antibiotics based on clinical demonstration.

Since this disease affects various organs and the behavior of the virus is unknown, many coinfections may accompany COVID-19. One of them may be bacterial infections, such as the ones caused by gram-positive pathogenic bacteria. Some researchers showed activity of teicoplanin against SARS-CoV and proposed it as a potential treatment for COVID-19. Ticoplanin is a glycopeptide antibiotic routinely used to treat bacterial infections.³

Now, we propose another antibiotic of this family which has activity against staphylococci, including methicillin-resistant staphylococcus aureus (MRSA), glycopeptides, enterococci, including vancomycin resistant strains, penicillin-susceptible *Streptococcus pneumoniae*, *S. pyogenes*, and other antibacterial agents. This antibiotic named linezolid was a good treatment for bacterial nosocomial pneumonia in our COVID-19 patients. We used it in COVID-19 patients who were suffering from bacterial pneumonia with intravenous dose of 600 mg of linezolid every 12 hours for 7 to 10 days and they all recovered and discharged from hospital. In addition, old researches have confirmed better clinical and microbiological efficacy of linezolid compared to vancomycin, which is a common and popular antibiotic prescribed by doctors.³ Linezolid superiority is due to its better penetration into the respiratory secretion compared to vancomycin. Spinoni et al also used linezolid to treat a COVID-19 patient who was initially treated with ticoplanin and ceftazidime/avibactam. Then they replaced ticoplanin by linezolid.⁴ Thus, in our experience, linezolid is effective for treating pneumonia in COVID-19 patients, and our goal was sharing this experience

to improve clinical status of COVID-19 patients and decrease mortality caused by coinfections.

Conflicts of interest

The authors declare no conflicts of interest.

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GAWA during COVID-19 pandemic: a setback?



Dear Editor,

The year of 2020 will undoubtedly be marked by the beginning of the SARS-CoV-2 pandemic which, by the risk of

transmission via aerosols and droplets, demanded adjustments by all medical and surgical specialties, particularly Anesthesiology, by its presence in the so-called *frontline*.

In Portugal, the majority of patients are tested for SARS-CoV-2 (*Reverse Transcription-Polymerase Chain Reaction SARS-CoV-2*). However, since the test is not preceded by isolation, and given its low sensitivity (around 70%), pre-