

Tozinameran

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Eosinophilic cellulitis and injection site reaction: case report

A 71-year-old woman developed eosinophilic cellulitis and injection site reaction following administration of COVID-19 vaccination with tozinameran.

The woman presented with a painful eruption of the right arm and forearm. Her medical history was significant for high BP and atrial fibrillation. She developed cutaneous symptoms following the second injection of tozinameran [BNT162b2; Pfizer/BioNTech; *route and dosage not stated*] with localised injection site reaction, which progressively worsened. She did not develop any reaction after the first injection. After 12 days of the second dose, her clinical examinations showed an erythematous swollen arm and forearm with some linear vesicobullous lesions and large superficial post-bullous erosions. It was suspected that she had bacterial cellulitis. Hence, she started receiving amoxicillin/clavulanic acid. On day 15, she developed a generalised pruritic papulovesicular eruption. As her clinical presentation was suggestive of varicella, she started receiving acyclovir. Following 22 days of the second dose of vaccine, she developed a generalised erythema multiform-like eruption developed with annular, targetoid and coalescing lesions. Her arm was still swollen and painful. Laboratory tests showed normal WBC and hypereosinophilia. Also, her skin biopsy showed mild spongiotic dermatitis, with intra and subepidermal vesicles and mixed dermal infiltrate with lymphocytes, histiocytes and numerous eosinophils. Based on these findings, she was diagnosed with eosinophilic cellulitis.

The woman was treated with methylprednisolone, following which her rash resolved.