

Myocarditis following rAd26 and rAd5 vector-based COVID-19 vaccine: correspondence

We would like to share ideas on the publication 'Myocarditis following rAd26 and rAd5 vector-based COVID-19 vaccine: case report'.¹ Naghashzadeh *et al.* concluded that 'endomyocardial biopsy proved lymphocytic myocarditis such that the patient was successfully treated with immunosuppressive and guideline-directed medical treatment'.¹ We agree that the COVID-19 vaccination has the potential to cause side effects. The patient in this case developed a heart condition,¹ which might or could not be related to COVID-19 vaccine. It's difficult to draw a definitive judgement because there's no information on the patient's immunological condition prior to immunization. A concomitant medical complication in a vaccination recipient is possible. Dengue fever, for

example, is a potentially concomitant medical issue that can cause myocarditis in COVID-19 vaccine recipients.² Finally, we agree that the recommended immunosuppression is a good choice for patient management and that it could be used whether or not the COVID-19 vaccine is the cause of myocarditis.

Rujittika Mungmunpantipantip
Private Academic Consultant, Bangkok, Thailand
E-mail: rujittika@gmail.com

Viroj Wiwanitkit
Department of Community Medicine, Dr DY Patil University,
Pune, India

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