

Azd-1222

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Vaccine-induced immune thrombotic thrombocytopenia: case report

A 47-year-old man developed vaccine-induced immune thrombotic thrombocytopenia following vaccination with AZD-1222.

The man presented bilateral segmentary pulmonary embolism 10 days after receiving AZD-1222 [adenoviral (ChAdOx1) vector based COVID-19 vaccine] [*dose and route not stated*]. However, he developed neurological symptoms like headache, mild confusion and somnolence. He received an unspecified LMWH, 24 hours after neurological symptom's onset. Physical examination showed normal vital signs, slow mental activity, negative meningeal signs, and absence of focal neurological deficit. He had elevated D-dimer and thrombocytopenia. CT scan/MRI findings revealed cerebral venous thrombosis in several locations. He was diagnosed with vaccine-induced immune thrombotic thrombocytopenia (VITT).

The man's treatment with unspecified LMWH was discontinued. He started receiving immune globulin and fondaparinux. Platelet factor 4 antibody testing was positive. After 10 days, his condition improved. However, developed progressive abdominal discomfort and arterial hypotensive tendency. Additionally, he had mild hyponatraemia. Abdominal MR was corresponding to ongoing subacute bilateral adrenal haemorrhage. His hormonal laboratory testing revealed primary adrenal insufficiency and he received hydrocortisone. Subsequently, his abdominal pain improved and natraemia levels normalised. He was discharged with a diagnosis of cerebral venous thrombosis, pulmonary embolism and primary adrenal insufficiency because of due to bilateral adrenal hemorrhage in the setting of vaccine-induced immune thrombotic thrombocytopenia [*outcome not stated*].

Varona JF, et al. Primary adrenal insufficiency associated with Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine-induced immune thrombotic thrombocytopenia (VITT). *European Journal of Internal Medicine* 91: Sep 2021. Available from: URL: <http://doi.org/10.1016/j.ejim.2021.06.025>

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