

Tozinameran

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Acute myocarditis: case report

A 56-year-old man developed acute myocarditis following tozinameran administration.

The man presented to the emergency department with acute onset of epigastric pain, excessive perspiration, tachycardia, and hypotension that lasted four hours and then spontaneously resolved upon arriving at the hospital. He had received his first dose of tozinameran [BNT162b2 mRNA Covid-19 vaccine; *dosage and route not stated*] four days before. He didn't report temperature, any systemic symptoms, or a rash on his skin. Four months before, he experienced mild signs of COVID-19 infection with fever lasting for 3 days, but he did not complain of chest pain or dyspnoea. On arrival at the emergency department, his arterial blood pressure was 115/80 mm Hg, heart rate was 86 beats per minute, oxygen saturation was 99% while breathing ambient air and body temperature was 36°C. Electrocardiogram (ECG), chest x-ray and echocardiogram were unremarkable. Laboratory tests showed increased levels of high-sensitivity (hs) Troponin I (254 ng/L) and normal levels of D-dimer, C-reactive protein and WBC. He tested negative for SARS-CoV-2. Two days later, coronary angiography was performed and it didn't show significant narrowing of the coronary arteries. He did not receive anti-inflammatory or steroidal therapy and hs-Troponin I levels normalised within 3 days. Seven days later, cardiac MRI revealed non-dilated ventricles with preserved left (67%) and right ejection fraction (60%). On T2 weighted images, there were focal areas of oedema involving the intramyocardial regions of the anterior wall and of the basal and middle segments of the infero-lateral wall. Late gadolinium enhancement (LGE) suggested the presence of sub-epicardial (non-ischemic) lesions in the basal and middle segments of the infero-lateral wall, which was consistent with acute myocarditis. There was no evidence of pericardial effusion. On ECG monitoring, no more episodes of chest discomfort or arrhythmias were recorded during the hospitalisation. He was asymptomatic after a month of follow-up, with no ECG or echocardiographic abnormalities.

Patrignani A, et al. Acute myocarditis following Comirnaty vaccination in a healthy man with previous SARS-CoV-2 infection. *Radiology Case Reports* 16: 3321-3325, No. 11, Nov 2021. Available from: URL: <http://doi.org/10.1016/j.radcr.2021.07.082>

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