

### Tozinameran

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#### Aseptic meningitis: case report

A 62-year-old woman developed aseptic meningitis following administration tozinameran.

The woman presented to the emergency department with fatigue, difficulties concentrating, dizziness, myalgia, unstable gait, and mild headache, all worsened in orthostatism. Previously, she had no fever or systemic complaints. She received first dose of tozinameran [SARS-CoV-2 vaccine; BNT162b2-Pfizer1; *dosage and route not stated*] and developed various symptoms, which was progressed for two weeks. She was taking paracetamol for her symptoms. She had no history of COVID-19 infection. She had dyslipidaemia and anxiety. Her neurological examination was unremarkable. Active standing showed symptomatic postural tachycardia without blood pressure changes. Blood analysis showed mild lymphopenia. Cerebrospinal fluid (CSF) showed lymphocytic pleocytosis with high protein count and normal glucose. All other possible diagnoses were excluded. Bacterial culture of CSF found negative. Serum SARS-CoV-2 antibody titers were 1357.5 U/mL. SARS-CoV-2 was not detected in the CSF. Electroencephalography and brain magnetic resonance imaging were normal. Based on clinical presentation and various findings, she was diagnosed aseptic meningitis.

The woman started receiving dexamethasone and complete clinical improvement was observed. Lymphocyte and protein count in CSF decreased. Her corticosteroid therapy was discontinued thereafter and no clinical relapse was observed. Thereafter, she remained asymptomatic after three months. She decided not to take the second dose of tozinameran.

Reis Carneiro D, et al. Steroid-responsive aseptic meningitis after BNT162b2 SARS-CoV-2 vaccine. *Revue Neurologique* 178: 160-161, No. 1, Jan 2022. Available from:  
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