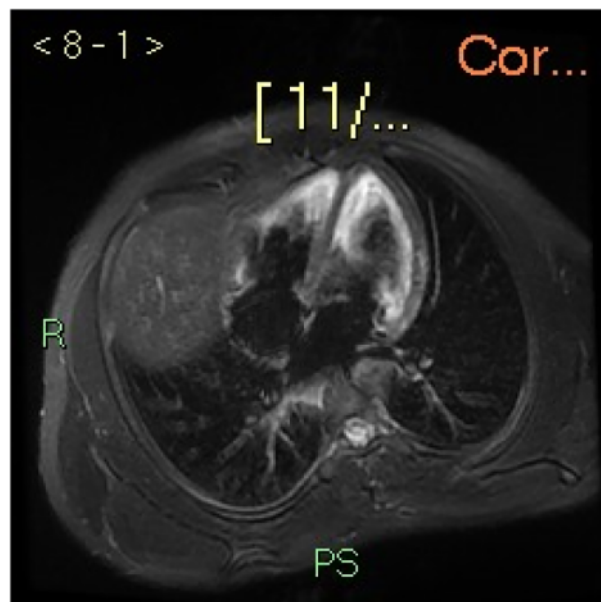
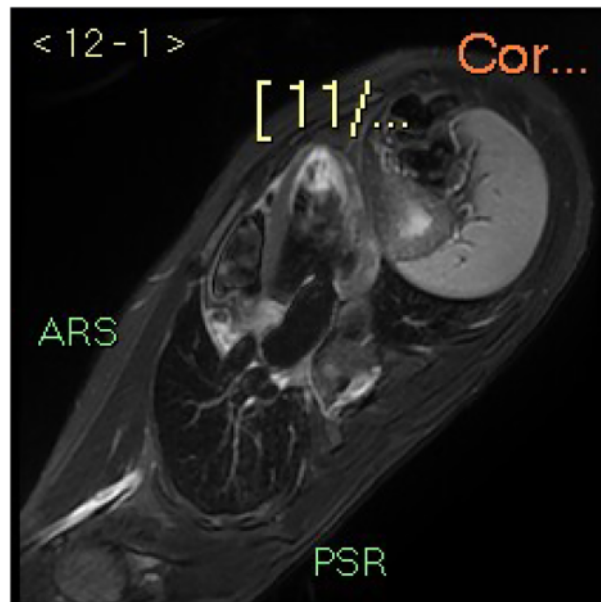


**P304 CASE OF MYOCARDITIS AFTER COVID 19 VACCINATION**

D. Pancaldo, G. Amoroso, E. Armando, U. Barbero, A. Bassignana, A. Battisti, G. Bricco, E. Cavallero, A. Coppolino, L. Correndo, M. De Benedictis, S. Dogliani, C. Iacovino, C. Moncalvo, M. Pavani, L. Valeri  
S.C. CARDIOLOGIA, OSPEDALE SS ANNUNZIATA, SAVIGLIANO; S.C. RADIOLOGIA, OSPEDALE SS ANNUNZIATA, SAVIGLIANO; S.C. CARDIOLOGIA, OSPEDALE SS ANNUNZIATA, SAVIGLIANO

COVID 19 has so far found the only barrier in the use of mRNA and viral vector vaccines. Among the rare adverse effects related to mRNA vaccines is myocarditis (4.8 cases per million doses) a disease already found in COVID 19 infection but not in the safety studies of the vaccines. Males not older than 30 years (40% of the total), subjected to the second dose inoculation, are most affected. During our recent clinical practice there was a case of a patient with myocarditis, attributable to vaccination for COVID 19. It was a male, twenty-year-old, non-allergic smoker, subjected to second dose of Pfizer-BioNTech vaccine (BNT162b2). On the fifth day after the inoculation, the patient, already asthenic from the previous days, complained of an episode of oppressive chest pain, which lasted about 15 minutes, which returned, more intense the following night, associated with dyspnea, lasted for hours. When



the patient went to the emergency room the pain was in regression and there was good hemodynamic compensation. EKG: sinus rhythm, slight diffuse ST segment elevation, more pronounced in the inferior-lateral leads, slight lowering of the P-R segment. Blood tests: troponin, CKMB and PCR increase, negativity of the molecular test for COVID 19. Echocardiography: normal left ventricle, non-dilated right sections, normokinetic right ventricle, normal valves, pericardial hyper-refraction without effusion, normal diastolic relaxation. In the suspicion of myocarditis, the patient was admitted to our intensive cardiological care. With the high-dose anti-inflammatory and beta-blocker therapy the pain gradually disappeared; never fever; EKG showed progressive ST segment improvement and T wave negativization. Never arrhythmic events. Negativity for all infections with common viral pathogens. MRI: hyperintensity (T2 STIR sequences and late enhancement) in the infero-lateral area. Patient discharged in therapy with lysine acetylsalicylate, to be reduced, associated with pantoprazole, and metoprolol and indicated for outpatient checks. In conclusion, the case presented reflects the scientific literature in the type of patient and in the favorable evolution of the disease.