

Elasomeran/raloxifene

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Acute venous thromboembolism: 3 case reports

In a case series, three women aged 25–84 years were described, who developed acute venous thromboembolism during COVID-19 vaccination with elasomeran, raloxifene for osteoporosis or unspecified contraceptives [*routes and dosages not stated*].

Case 1: The 25-year-old woman presented to the emergency department two days after receiving the first dose of elasomeran [mRNA-1273 vaccine; Moderna] with acute-onset shortness of breath and dyspnoea on exertion. She had been receiving unspecified oral contraceptive pills for years prior to the admission. On presentation, no supplemental oxygen was required. Echocardiogram showed mild to moderate right ventricular strain. Computed tomography angiography was consistent with bilateral segmental pulmonary embolism. Venous Doppler ultrasound revealed no deep vein thrombosis (DVT). A diagnosis of acute venous thromboembolism attributed to the vaccine was made. She was initiated on heparin and was monitored. Her symptoms showed improvement with heparin administration. She was discharged later on third day following admission after transitioning to apixaban.

Case 2: The 77-year-old woman, who had a history of gastrointestinal bleeding, presented to the emergency department with four days history of shortness of breath. She had received the first dose of elasomeran [mRNA-1273 vaccine; Moderna] three days prior to symptom onset. She had breast cancer, which was diagnosed in 2009. She had been receiving raloxifene for osteoporosis since many years. She required supplemental oxygen on arrival to the hospital. Echocardiogram on admission showed mild right ventricular strain. Computed tomography angiography showed bilateral segmental pulmonary embolism. Venous Doppler ultrasound scans showed DVT of the right common femoral, profunda and femoral veins. A diagnosis of acute venous thromboembolism attributed to the vaccine was made. She received enoxaparin sodium [Lovenox]. Overnight, her symptoms improved with decrease in oxygen requirement. She was discharged on fifth day with transition of enoxaparin sodium to rivaroxaban.

Case 3: The 84-year-old woman presented with eight days history of left leg swelling and pain. Her symptoms had started three days following the second injection of elasomeran [mRNA-1273 vaccine; Moderna]. Computed tomography angiography revealed no PE, but showed thrombus in the common femoral vein. Venous duplex ultrasound revealed left common femoral, peroneal and popliteal DVT. A diagnosis of acute venous thromboembolism attributed to the vaccine was made. She was admitted to a monitored floor and treatment with heparin was initiated. Her symptoms improved with heparin, and she was ultimately discharged on third day of hospitalisation on apixaban.