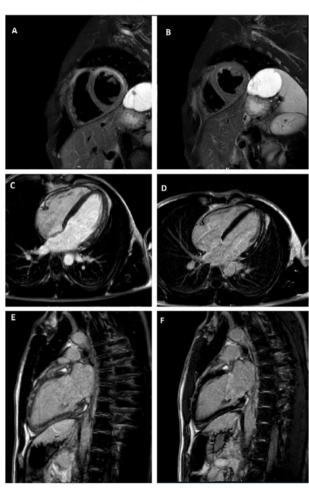
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L) (neutrophils 88%) which drop the next day to 9,000 and a slight increase in CRP which from 0.19 mg / dl (nv < 0.5) reaches the value of 1.5. Of note a slight increase in CPKs stable in the two samples (CPK 602 U / l  $\sim$  652); August 2021 2nd dose of Pfizer vaccine. From 6th to 12th day post vaccine intense headache. Chest pain on the 13th day. In ER ECG with diffuse elevated ST. Trop I 12888 (vn < 50); Echocardium: normal. Trop I peak 45795 ng / l; Bisoprolol 1.25 mg started for a 6-beat TVNS. CardiacMRI: FE 67%, T2-weighted sequences: anterior and lateral intramural hyperintensity, sequences after contrast medium: large areas of late intramural enhacement in the apical and middle anterior wall and in the lateral wall, suggestive for myocarditis. In discharge recommended suspension of competitive physical activity. 3 months later inspection: pz in excellent condition. Echocardium: normal. CardiacMRI: reduction of ventricular volumes (EDV Vsx 187 ml  $\sim$  136) (EDV Vdx 227 ml  $\sim$  195) areas of intramural fibrosis reduced at the level of the lateral wall.

Discussion: Post vaccine myocarditis cases are rare but more frequent than reported in pivotal studies. The incidence varies according to the different registers. There seems to be an increase in incidence compared to the general population but not compared to the population affected by Sars Cov2. As confirmed by our case, this pathology is more frequent in young men and appears mainly after the 2nd dose. The pathogenetic mechanism of this reaction is still uncertain. The short-term prognosis of the disease is generally benign even if a longer follow-up is necessary in order to observe the evolution of the clinical status over time



## P309 A CASE OF POST COVID VACCINE MYCARDITIS

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Background: Myocarditis is an inflammatory disease of the heart muscle commonly caused by viral infections. Vaccines can also cause myocarditis although the occurrence of this side effect is very rare. In the course of the Sars Cov 2 pandemic, there have been myocarditis both related to the virus and related to the anti-virus vaccine (especially related to RNA vaccines).

We present a case of myocarditis from Comirnaty. 23 year old sportsman. In anamnesis only frequent tonsillitis in school age leading him to tonsillectomy at 18 years old. June 2021 1st dose Pfizer vaccine. Next day in ER for fever, headache, nausea, dizziness, abdominal pain. Brain CT: neg; Blood tests: slight increase in Gb 14,200 (109 /