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CLINICAL PICTURE

Non-episodic angioedema with eosinophilia after BNT162b2 mRNA COVID-19 vaccination

A 77-year-old Japanese woman presented with peripheral oedema following COVID-19 vaccination. Three weeks before, the day after the second dose of BNT162b2 mRNA COVID-19 vaccination, she presented with low-grade fever, peripheral oedema and arthralgia of the bilateral foot joint. Fever and arthralgia were relieved spontaneously within a week. Since there was no improvement in the peripheral oedema, she was referred to our department. Her medical history revealed type 2 diabetes mellitus and dyslipidaemia, for which she had been prescribed 500 mg/day of metformin and 10 mg/day of atorvastatin. Physical examination revealed symmetrical non-pitting oedema of her legs (Figure 1a). Laboratory tests showed blood eosinophilia (3750/µl). The serum IgM level was within normal. Non-episodic angioedema with eosinophilia (NEAE) was diagnosed. Her symptoms improved quickly with prednisolone

(a) (b)

Figure 1 (a) Physical examination revealed symmetrical non-pitting oedema of her legs; (b) her symptoms improved quickly with prednisolone administration (20 mg/day).

administration (20 mg/day) (Figure 1b). She has been recurrence-free after tapering off prednisolone.

Angioedema with eosinophilia is of two types: episodic angioedema with eosinophilia (EAE; Gleich's syndrome) and NEAE. 1-3 EAE has been reported mainly in Europe and the USA, whereas NEAE in Korea and Japan. EAE is characterized by recurrent episodes of angioedema, urticaria, fever and increased body weight, with markedly high peripheral blood eosinophil count and serum IgM levels. EaE is characterized by a single episode of persistent oedema of the extremities, peripheral eosinophilia, transient arthralgia, lack of increased serum IgM levels and a less severe clinical course than that of EAE. ABE is characterized by a single cover after influenza vaccination; however, NEAE after COVID-19 vaccination has not been previously reported. NEAE is also characterized by the effectiveness of low-dose prednisone or spontaneous remission within 2–3 months.

In conclusion, non-pitting oedema of the extremities with eosinophilia should be considered eosinophilic angioedema, which can occur after COVID-19 vaccination.

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