Elasomeran/tozinameran

Myocarditis, perimyocarditis and pericarditis: 16 case reports

A study of 17 pateints reported by regional pharmacovigilance centre after COVID-19 mRNA-vaccination and discuss their association with these vaccines between March 2021 and July 2021 described 16 patients including 10 men and 6 women aged 19–88 years, who developed myocarditis, perimyocarditis or pericarditis following administration of elasomeran or tozinameran for COVID-19 [routes not stated].

The patients, who had comorbidities, received COVID-19 mRNA-vaccine. Out of the 16 patients, 11 pateints received elasomeran [Spikevax; Moderna] and 5 pateints received tozinameran [Comirnaty; Pfizer-BioNTech]. The patients developed acute chest pain, palpitation, dizziness, fatigue, fever, acute epigastric pain radiating to the throat or dysponea between 1 day–14 days after the first dose of vaccination or between 1-17 days after the second dose of vaccination. Based on the cardiac diagnostics after hospital admission, the patients developed adverse events in the form of perimyocarditis with pericardial effusion (9 patients), myocarditis (5 patient) and pericarditis (2 patients) secondary to elasomeran or tozinameran. Out of the 16 patients, 4 patients developed complication in the form of heart failure, intermittent bigeminus, non sustained ventricular tachycardia, or supraventricular tachycardia.

Then, the patients were treated with unspecified ACE-inhibitor, unspecified β -blocker, unspecified sodium-glucose transport protein 2 inhibitor, unspecified aldosterone antagonist, ibuprofen, unspecified antibacterial [antibiotic] therapy, colchicine, unspecified loop diuretic, rivaroxaban, amiodarone or unspecified proton pump inhibitors. The length of stay of the adverse event in between 0–13 days. Out of the 16 patients, adverse events improved in 12 pateints, recovered without sequelae in 3 patients and partially improved in 1 patient.

Istampoulouoglou I, et al. Myocarditis and pericarditis in association with covid-19 mrna-vaccination: Cases from a regional pharmacovigilance centre. Global Cardiology Science and Practice 2021: A5, No. 3, Oct 2021. Available from: URL: http://doi.org/10.21542/gcsp.2021.18 803657350