Elasomeran/tozinameran

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Worsening of hidradenitis suppurativa : 5 case reports

In a case series, five patients (two men and three women) aged 32–59 years [*not all ages stated*] were described, who exhibited a worsening of hidradenitis suppurative (HS) following vaccination with elasomeran or tozinameran for COVID-19 [*not all dosages and outcomes stated; routes and durations of treatments to reactions onsets not stated*].

Patient 1: The 32-year-old man diagnosed with HS. His HS lesions were localised to the axillary region with fistulas and nodules, managed with doxycycline with good control. Before vaccination, he had classified according to international hidradenitis suppurativa severity score system (IHS4) nine. He had acute flares after the first and second elasomeran [Moderna covid-19] vaccinations, as well as after the third elasomeran dose. In each case of recurrence, he had painful and inflammatory nodules localised mainly to the axillary region.

Patient 2: The 50-year-old woman had diagnosed with HS. She had medical history of active heavy smoker and crohn disease. On physical examination, she had fistulas and nodules located mainly in the inframammary regions (IHS4 8). She was managed with clindamycin and rifampicin with improvement. She had disease flare following the first and second elasomeran [Moderna covid-19] vaccinations as well as the third elasomeran dose. These episodes were characterised by the appearace of new inflammatory nodules and fistulous tracts located on the intramammary region. She was managed with clindamycin leading to good results.

Patient 3: The 45-year-old man diagnosed with HS. He had medical history of obesity and arterial hypertension. His HS lesions were located mainly in the axillary area, presenting with fistulas, nodules and abscesses. He had baseline IHS4 of 10. Initially, he received treatment with unspecified topical and systemic antibiotic therapy with poor results, but was well-controlled with adalimumab. After first and second elasomeran [Moderna covid-19] vaccinations, he presented with appearance of new inflammatory nodules, fistulas and abscesses and was staged as IHS4 13. Then, he received clindamycin and achieved clinical improvement. After his third dose, he had similar flare, although of lesser severity than previous flares (IHS4 11).

Patient 4: The adult woman had medical history of HS. Previously, she had failed antibiotic therapy comprising of rifampicin 600mg daily and clindamycin 600mg daily (lack of efficacy). Therefore, she received adalimumab with good control. She developed acute flares after her first and second tozinameran [Pfizer covid-19] vaccinations (IHS4 13) as well as the third dose (IHS4 12). She was successfully treated with doxycycline.

Patient 5: The 59-year-old woman had medical history of HS. She had past medical history of heavy smoking and psoriasis. She presented with fistulas and nodules localised mainly in the axillary and mammary regions, not responsive to unspecified antibiotic therapy. She received adalimumab with good results for both psoriasis and HS. She presented after the first and second tozinameran [Pfizer covid-19] vaccine doses with slight worsening (IHS4 12). In addition to adalimumab continuation, her flares were managed with triamcinolone [triamcinolone acetonide]. After the third tozinameran vaccine dose, she returned with a more pronounced worsening that the previous ones (IHS 14). Then, she received lymecycline for one month until complete remission.

Martora F, et al. Hidradenitis suppurativa flares following COVID-19 vaccination: A case series. JAAD Case Reports 23: 42-45, May 2022. Available from: URL: http://doi.org/10.1016/j.jdcr.2022.03.008