

Letter to the Editor



Ipsilateral Lymphadenopathy, COVID-19 Vaccination and Breast Cancer

Pathum Sookaromdee ¹, Viroj Wiwanitkit ^{2,3}

¹Private Academic Consultant, Bangkok, Thailand

²Department of Biological Science, Joseph Ayo Babalola University, Ikeji-Arakeji, Nigeria

³Department of Community Medicine, Dr DY Patil University, Pune, India

OPEN ACCESS

► See the article “Ipsilateral Lymphadenopathy After COVID-19 Vaccination in Patients With Newly Diagnosed Breast Cancer” in volume 25 on page 131.

Received: Apr 5, 2022

Revised: Apr 23, 2022

Accepted: Apr 28, 2022

Published online: May 12, 2022

Correspondence to

Pathum Sookaromdee

Private Academic Consultant, Bangkok 104410, Thailand.

Email: pathumsook@gmail.com

© 2022 Korean Breast Cancer Society

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ORCID iDs

Pathum Sookaromdee

<https://orcid.org/0000-0002-8859-5322>

Viroj Wiwanitkit

<https://orcid.org/0000-0003-1039-3728>

Conflict of Interest

The authors declare that they have no competing interests.

Author Contributions

Conceptualization: Sookaromdee P, Wiwanitkit V.; Supervision: Wiwanitkit V.; Visualization: Sookaromdee P, Wiwanitkit V.; Writing - original draft: Sookaromdee P.

Dear Editor,

We would like to correspond and share ideas on the publication “Ipsilateral Lymphadenopathy After COVID-19 Vaccination in Patients With Newly Diagnosed Breast Cancer [1].”

Abnormal US and MRI findings of cortical thickening, effacement of the fatty hilum, round form, and asymmetry in the number or size relative to the contralateral side were observed in more than half of non-metastatic and metastatic lymph nodes, according to Ha et al. [1]. Ha and colleagues [1] also noted that axillary lymphadenopathy was typically reported in breast cancer patients who got concurrent ipsilateral COVID-19 vaccination without distinct differential imaging findings. We agree that interpreting lymphadenopathy from an imaging investigation in a COVID-19 vaccination recipient is sometimes problematic.

Ha et al. [1] stated that there should be no excessive unnecessary investigation, but did not offer any specific suggestions for how to handle the situation. In general, it is recommended that imaging should be avoided for the first 10 weeks after vaccination [2].

Additionally, Ha et al. [1] attempted to link pathological and imaging findings in their investigation. If there is additional information on vaccination timing, a study of the relationship between lymphadenopathy features and the time between immunization and imaging could be assessed.

REFERENCES

1. Ha SM, Cheun JH, Lee SH, Kim SY, Park AR, Kim YS, et al. Ipsilateral lymphadenopathy after COVID-19 vaccination in patients with newly diagnosed breast cancer. *J Breast Cancer* 2022;25:131-9. [PUBMED](#) | [CROSSREF](#)
2. Mungmunpantipantip R, Wiwanitkit V. COVID-19 vaccination and subclinical axillary lymphadenopathy on mammogram: correspondence. *Acad Radiol* 2022;29:633. [PUBMED](#) | [CROSSREF](#)