

Authors' comments on "branch retinal vein occlusion post severe acute respiratory syndrome coronavirus 2 vaccination"

Dear Editor,

We appreciate the comments by Sriwijitalai W. regarding our article "Branch retinal vein occlusion post severe acute respiratory syndrome coronavirus 2 vaccination." As Sriwijitalai W. pointed out, we cannot assert from this case report that branch retinal vein occlusion (BRVO) was caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination. However, considering our report on recurrent BRVO,^[1] and other reports on the development of retinal vascular disease and systemic vascular disease,^[2,3] we believe that we cannot rule out the possibility that it may have been triggered. Pottegård *et al.*^[3] reported in their prospective study that the rates of developing venous embolus, thrombocytopenia, abnormal coagulation, and other types of bleeding within 28 days after the administration of the adenovirus vector vaccine ChAdOx1-S (AstraZeneca plc) SARS-CoV-2 vaccination were significantly higher than the expected rates based on age- and sex-specific incidence rates among the general population. Therefore, based on the results of their prospective studies with a massive number of cases, we believe that the incidence rates of venous thromboembolic events, including cerebral venous thrombosis, are at least increased by the coronavirus disease 19 (COVID-19) vaccination.

The SARS-CoV-2 vaccination is now routinely recommended. Thus, we need to investigate and report the actual side effects associated with the SARS-CoV-2 vaccination in as many countries as possible. As Sriwijitalai W. pointed out, a comprehensive laboratory analysis is required to rule out other possibilities when a side effect has been recorded.

Financial support and sponsorship

Nil.

Conflicts of interest

The authors declare that there are no conflicts of interests of this paper.

Daisuke Nagasato^{1,2,3*}, **Hayato Tanaka**¹,
Yoshinori Mitamura², **Hitoshi Tabuchi**^{1,3}

¹Department of Ophthalmology, Tsukazaki Hospital, Himeji, Hyogo, Japan, ²Department of Ophthalmology, Institute of Biomedical Sciences, Tokushima University Graduate School, Tokushima, Japan, ³Department of Technology and Design Thinking for Medicine, Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan

*Address for correspondence:

Dr. Daisuke Nagasato,
68-1 Waku, Aboshi-ku, Himeji, Hyogo 671-1227, Japan.
E-mail: d.nagasato@tsukazaki-eye.net

Submission: 02-08-2022

Accepted: 03-09-2022

Published: 28-11-2022

References

1. Tanaka H, Nagasato D, Nakakura S, Tanabe H, Nagasawa T, Wakuda H, *et al.* Exacerbation of branch retinal vein occlusion post SARS-CoV2 vaccination: Case reports. *Medicine (Baltimore)* 2021;100:e28236.
2. Pichi F, Aljneibi S, Neri P, Hay S, Dackiw C, Ghazi NG. Association of ocular adverse events with inactivated COVID-19 vaccination in patients in Abu Dhabi. *JAMA Ophthalmol* 2021;139:1131-5.
3. Pottegård A, Lund LC, Karlstad Ø, Dahl J, Andersen M, Hallas J, *et al.* Arterial events, venous thromboembolism, thrombocytopenia, and bleeding after vaccination with Oxford-AstraZeneca ChAdOx1-S in Denmark and Norway: Population based cohort study. *BMJ* 2021;373:n1114.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website: www.e-tjo.org
	DOI: 10.4103/2211-5056.361973

How to cite this article: Nagasato D, Tanaka H, Mitamura Y, Tabuchi H. Authors' comments on "branch retinal vein occlusion post severe acute respiratory syndrome coronavirus 2 vaccination". *Taiwan J Ophthalmol* 2022;12:502.

© 2022 Taiwan J Ophthalmol | Published by Wolters Kluwer - Medknow