

AZD-1222

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Leukocytoclastic vasculitis: 2 case reports

In a case series, a 55-year-old woman and a 48-year-old man were described, who developed leukocytoclastic vasculitis (LCV) following administration of AZD-1222 for COVID-19 vaccination [*routes and dosages not stated; not all reaction outcomes stated*].

The 55-year-old woman (case 1 of the article) presented with a 3-day history of myalgia, left wrist swelling, fever and palpable purpura over both ankles associated with burning sensation. At 5 days before presentation, she received first dose of AZD-1222 [ChAdOx1 nCoV-19] corona virus vaccine (recombinant). Within 24 hours after receiving vaccine, she developed rash, which progressed proximally to both the lower limbs. Further investigations revealed that anti-Spike SARS CoV-2 antibody titer was elevated to 322 AU/mL. Skin biopsy from a lesion showed plump endothelial cells surrounded by perivascular mixed inflammatory infiltrate with extravasation of RBC and karyorrhectic debris, which was suggestive of LCV. She was treated with prednisolone, which was tapered after 2 weeks following resolution of all the symptoms. She was advised a repeat test of anti-spike SARS CoV-2 antibody titre before the second scheduled dose of vaccine. Thus, a diagnosis of LCV was confirmed. There was a probable causal relationship between vaccination and occurrence of LCV.

The 48-year-old man (case 2 of the article), was hypertensive, for which he had been receiving unspecified medication. He presented with 2 days of fever, myalgia and 1 day of palpable purpura, which was distributed over the forearms, hands, gluteal region and lower limbs. His symptoms started at 2 days after receiving second dose of AZD-1222 [ChAdOx1 nCoV-19] corona virus vaccine (recombinant). He reported occurrence of similar lesions at 7 days after receiving first dose of AZD-1222, which resolved following treatment with unspecified corticosteroids. Further investigations were performed, which revealed that anti-Spike SARS CoV-2 antibody titer was elevated to 1926.90 AU/mL. Skin biopsy from a lesion showed dermal perivascular mixed inflammatory infiltrate of lymphocytes and neutrophils. Blood vessels revealed fibrinoid necrosis with infiltration of vessel wall by neutrophils. Marked extravasation of RBCs and karyorrhectic debris were notable. Thus, a diagnosis of LCV was confirmed. There was a definite causal relationship between vaccination and occurrence of LCV.

Sandhu S, et al. Leukocytoclastic vasculitis as a cutaneous manifestation of ChAdOx1 nCoV-19 corona virus vaccine (recombinant). *Dermatologic Therapy* 34: e15141, No. 6, Dec 2021. Available from: URL: <http://doi.org/10.1111/dth.15141>

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