


Giant cell vasculitis post-COVID-19 mRNA vaccine and COVID-19 asymptomatic infection: Correspondence

Vascular
2022, Vol. 0(0) 1
© The Author(s) 2022
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/17085381221137388
journals.sagepub.com/home/vas


Pathum Sookaromdee¹  and Viroj Wiwanitkit²

Abstract

The possible adverse effect of COVID-19 vaccine is interesting. This correspondence discussed on the case of Giant cell vasculitis post-COVID-19 mRNA vaccine. The possible effect of the COVID-19 asymptomatic infection is highlighted.

Dear Editor, we would like to discuss “isolated popliteal artery lesion due to giant cell vasculitis post-COVID-19 mRNA vaccine and COVID-19 asymptomatic infection.”¹ Following vaccination with a COVID-19 mRNA vaccine and COVID-19 infection, Gabrielli et al. described the first instance of isolated popliteal giant cell arteritis (GCA) that had been documented.¹ In this patient with preexisting risk factors and repetitive and recurring microtrauma in the popliteal fossa (the patient is a professional runner), Gabrielli et al. hypothesized that the increased immune response to the immunization served as a trigger for GCA.¹ Further research regarding the prevalence of GCA-associated vaccination and COVID-19 infection in the actual world is recommended by Gabrielli et al.¹ Because the advantages of vaccination significantly outweigh any conceivable danger of immunological dysregulation after administration, Gabrielli et al. promoted COVID-19 vaccination, especially in older individuals.¹

Prior to getting clinical information from the patient for vaccination, co-morbidity is frequently eliminated. When getting the COVID-19 vaccine, there may be a problem that makes managing co-morbidity challenging.² This frequently isn't an option if a clinical problem arises after the vaccination. SARS-CoV-2 asymptomatic confounding is still possible. For instance, dengue can cause thrombohemostatic disease, a clinical condition that may coexist with dengue in a person who had the immunization.³ Recent studies⁴ discovered a link between underlying genetic variation and the recipients' immune response to the COVID-19 immunization. Any upcoming research should consider the impacts of the diverse genetic background elements.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

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

References

1. Gabrielli R, Siani A, Smedile G, et al. Isolated popliteal artery lesion due to giant cell vasculitis post COVID-19 mRNA vaccine and COVID-19 asymptomatic infection. *Vascular* 2022; 17085381221126234. Online ahead of print. DOI: 10.1177/17085381221126234.
2. Joob B and Wiwanitkit V. Letter to the editor: coronavirus disease 2019 (COVID-19), infectivity, and the incubation period. *J Prev Med Public Health* 2020; 53(2): 70.
3. Kebayoon A and Wiwanitkit V. Dengue after COVID-19 vaccination: possible and might be missed. *Clin Appl Thromb Hemost* 2021; 27: 10760296211047229.
4. Čiučiulkaitė I, Möhlendick B, Thümmeler L, et al. GNB3 c.825c>T polymorphism influences T-cell but not antibody response following vaccination with the mRNA-1273 vaccine. *Front Genet* 2022; 13: 932043.

¹Private Academic Consultant, Bangkok, Thailand

²University Centre for Research & Development Department of Pharmaceutical Sciences, Chandigarh University Gharuan, Mohali, India

Corresponding author:

Pathum Sookaromdee, Private Academic Consultant, 111 Bangkok 122, Bangkok, Thailand.

Email: pathumsook@gmail.com