

Tozinameran

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Fever, headache and immune thrombocytopenia: case report

A 41-year-old woman developed immune thrombocytopenia (ITP) following vaccination with tozinameran for COVID-19.

The woman had a history of hypothyroidism, hypertension and pre-diabetes for which she was treated with enalapril and levothyroxine-sodium [levothyroxine]. She also had multiple allergies to cephalosporins, strawberries, quinolones and iodinated contrast. She received her mRNA COVID-19 vaccine tozinameran [BNT162b2; Pfizer-BioNTech] [*dosage and route not stated*]. However, post 12h of vaccination, she presented to the emergency department (ED) with fever, tachycardia and nausea. Upon presentation, she had headaches, malaise and loose stools on multiple occasions. Hence, for tachycardia and paracetamol, she received metoprolol and paracetamol, respectively. Upon further investigation, moderate thrombocytopenia was remarkably evident with increased IgE and C-reactive protein. Subsequently, she was treated with IV fluids, analgesic and antipyretic with paracetamol. After 12h in ED, a decrease in platelets counts was noted. She had a headache, bleeding gums and petechiae during that time, for which she received methylprednisolone. Upon haematology consultation, she was suspected of ITP because of the COVID-19 vaccine. Hence, she started targeted treatment with dexamethasone and immune globulin. After the first dose of immune-globin, she had mild hypertension for which she received amlodipine and was admitted to the internal medicine ward. After treatment with dexamethasone and immune-globin, her platelet count increased and gingival haemorrhage was also resolved [*time to reaction onset not stated*].

Fueyo-Rodriguez O, et al. Secondary immune thrombocytopenia supposedly attributable to COVID-19 vaccination. *BMJ Case Reports* 14: e242220, No. 5, 31 May 2021.
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