

[PICTURES IN CLINICAL MEDICINE]

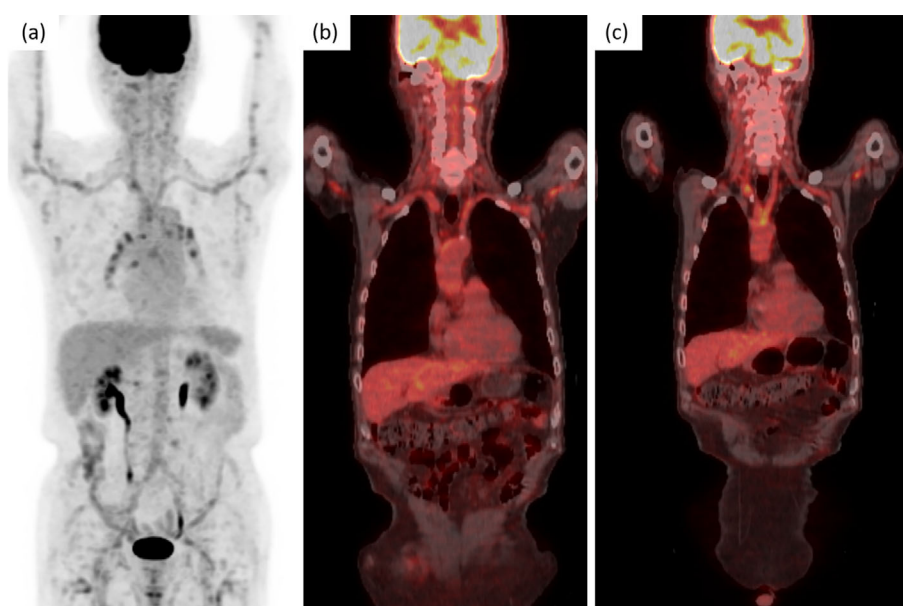
Transient Large-vessel Vasculitis after COVID-19 mRNA Vaccination

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Key words: COVID-19, large-vessel vasculitis

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Picture.

An 81-year-old man was admitted to our hospital with a fever and headache. His symptoms started 30 days after receiving the second dose of the BNT162b2 messenger ribonucleic acid (mRNA) vaccine against severe acute respiratory coronavirus 2 (SARS-CoV-2). His physical examination findings were unremarkable. A blood test showed that the C-reactive protein level was 100 mg/L, and the erythrocyte sedimentation rate was 75 mm/h. Blood and urine cultures tested negative. Positron emission tomography/computed tomography showed an increased uptake of fluorodeoxyglucose by the large vessels, especially the bilateral brachial, subclavian, and carotid arteries, with standardized uptake values of 3.7, 3.9, and 3.9, respectively. He was tentatively diagnosed with large-vessel vasculitis and prescribed naproxen for two weeks as an antipyretic (1). Subsequently,

his symptoms disappeared and did not flare up. Our study suggests that COVID-19 vaccination may trigger inflammation, leading to the development of large-vessel vasculitis (2). However, such cases can be resolved without immunosuppressive therapy.

The authors state that they have no Conflict of Interest (COI).

References

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