

Tozinameran

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Bell's palsy: case report

A 60-year-old man developed bell's palsy following administration of tozinameran vaccine.

The man admitted to the emergency department for evaluation of left facial droop. He noticed spilling water from his mouth during dinner the night before and woke up with persistent left facial weakness and inability to close his left eye. He did not report any vision or hearing changes, headache, palpitations, facial pain, gait disturbance or any other muscular weakness. He had significant medical history for HIV diagnosed twenty years prior with long-term compliant use of highly active antiretroviral therapy cobicistat/elvitegravir/emtricitabine/tenofovir-alafenamide [Genvoya], stage 3 chronic kidney disease and pre-diabetes. An approximately 42 hours before symptom onset, he received the first dose of tozinameran [Pfizer/BioNTech BNT162b2; *dosage and route not stated*] vaccination. Physical examination in the emergency department showed left-sided facial weakness with involvement of the forehead, inability to raise left eyebrow and inability to close left eye with sensation and strength intact in bilateral upper and lower extremities. His clinical presentation was consistent with uncomplicated left-sided bell's palsy.

Then, the man discharged with prednisone and valaciclovir [valacyclovir]. Thereafter, he was evaluated in outpatient ophthalmology clinic on day 2 following symptom onset. He reported left eye irritation and burning sensation with inability to fully close his left eye. Physical examination showed mild exposure keratopathy, 5 mm lagophthalmos and very poor bell's reflex in the left eye with otherwise normal exam findings. He received unspecified ophthalmic lubricating ointment to use hourly, artificial tears as needed, moisture goggles and suggested to tape eyelids nightly. At days 5–15 follow-up, following symptom onset and revealed marked improvement in his left-sided keratopathy on this treatment regimen, obviating the need for further intervention. At approximately day 90 following symptom onset, his symptoms and exposure keratopathy had resolved completely. Thereafter, he received his second dose of tozinameran vaccination as scheduled three weeks following his first dose with no adverse events observed. Then, he was encouraged to report this incidence of presumed bell's palsy following COVID-19 vaccination to the CDC as part of routine vaccine safety monitoring.

Mussatto CC, et al. Bell's palsy following COVID-19 vaccine administration in HIV+ patient. American Journal of Ophthalmology Case Reports 25: Mar 2022. Available from: URL: <http://doi.org/10.1016/j.ajoc.2022.101259>

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