Tozinameran

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Acute dacryoadenitis and orbital inflammatory syndrome: case report

A 14-year-old boy developed acute dacryoadenitis and orbital inflammatory syndrome following COVID-19 vaccination with tozinameran [*route and dosage not stated*].

The boy presented with 4 days history of rapid-onset of right upper eye lid pain, erythema and swelling following nine hours after the first dose of tozinameran [BNT162b2; Comirnaty]. On examination, bilateral visual acuities were 6/6. His right upper eye lid showed S-shaped ptosis, oedema and erythema. Conjunctival chemosis and injection was noted over his right lateral rectus muscle. The right globe was mildly proptosed and inferomedial globe displacement was noted. Elevation and abduction of the right eye was limited with associated diplopia. Contrast CT scan showed an elliptical rim-enhancing collection at the right lacrimal gland, which was enlarged compared with the left side. There was associated thickening of the lateral rectus and stranding of the overlying subcutaneous soft tissue anteriorly. There was no associated sinus disease. Based on the clinical and laboratory parameters, a diagnosis of acute dacryoadenitis and orbital inflammatory syndrome secondary to the vaccine was made.

The boy required hospital admission and was started on empiric treatment with ceftriaxone and metronidazole. However, he was started on prednisone, as there was no significant improvement. After two days, his pain had resolved. Both the lid and conjunctival inflammation were improved. Full eye movements was achieved. Antibacterials were discontinued and prednisone dose was weaned off in two weeks. He subsequently declined the second dose of vaccine.

Murphy T, et al. Acute-onset dacryoadenitis following immunisation with mRNA COVID-19 vaccine. BMJ Case Reports 15: No. 3, 07 Mar 2022. Available from: URL: http://doi.org/10.1136/bcr-2021-248441

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