

## Tozinameran

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**Interstitial lung disease: case report**

A 71-year-old woman developed interstitial lung disease following treatment with tozinameran vaccine.

The woman received her first dose of tozinameran vaccine [mRNA-based COVID-19 vaccine, Pfizer/ BioNTech; *dosage and route not stated*]. Within two days, she became afebrile and had dyspnoea on exertion. Six days later, she presented to hospital and initiated on formoterol/fluticasone propionate [fluticasone propionate/formoterol fumarate hydrate]. However, her symptoms persisted. Her medical history included bronchiectasis and cerebral infarction. Her medications included ambroxol [ambroxol hydrochloride], aspirin, pravastatin [pravastatin sodium], alfalcidol, lomerizine [lomerizine hydrochloride] and unspecified herbal medicine containing skullcap. During presentation, a chest CT scan revealed the presence of left axillary lymphadenopathies on the same side as the vaccination, bronchiectasis in middle and lingual lobes, ground-glass opacities (GGOs) and mosaic attenuation in both lungs suggestive of hypersensitivity pneumonia. Fourteen days after vaccination, she admitted to hospital for further evaluation. During admission, her vital signs included RR 18 breaths per minute, body temperature 36.5°C, heart rate 83 beats per minute, BP 90/55mm Hg and oxygen saturation of 94%. The chest CT showed reduced GGOs. Based on all the clinical findings, a diagnosis of drug-induced interstitial lung disease (ILD) with a hypersensitivity pneumonia pattern attributed to tozinameran vaccine was made.

The woman was treated with unspecified antibacterials or systemic corticosteroids. Further, her CT scan after 33 days of vaccination showed absence of left axial lymphadenopathies and GGOs.

Oda N, et al. Interstitial lung disease after receiving the mRNA-based COVID-19 vaccine tozinameran. *Respiratory Medicine Case Reports* 36: 2022. Available from: URL: <http://doi.org/10.1016/j.rmcr.2022.101618>

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