Tozinameran

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Subacute thyroiditis : case report

A 36-year-old woman developed subacute thyroiditis following administration of tozinameran for COVID-19 immunisation [*route and dosage not stated*].

The woman was hospitalised due to fatigue, fever, palpitations and anterior neck pain that radiated to the ear and jaw, mostly on the left side. Her medical history was significant to ulcerative gastritis and intraocular hypertension. She had been receiving progesterone for endometriosis. She did not have history of thyroid disease and did not report any viral infection including SARS-CoV-2 infection, during the previous 3 months. Her family and personal history were not remarkable. She did not report any weight loss over the preceding months or any adverse events after vaccination in the past. Her presenting symptoms first appeared 10 days after the administration of first dose of the tozinameran [Comirnaty; Pfizer/BioNTech vaccine]. At that time, her condition remitted within few days without medication.

Thereafter, the woman received the second dose of tozinameran. Ten days later, the similar symptoms reappeared with greater intensity of the neck pain and fatigue. Physical examination showed tenderness in the thyroid region and a mild tremor. Her BP was 115/75mm Hg and HR 100 beats/min. Twenty-six days after the second dose of vaccine, her laboratory tests showed low TSH, elevated anti-thyroglobulin (anti-TG) antibodies, slightly elevated FT4 and normal T3 levels, and increased ESR and CRP levels. Blood count was normal. Thyroid stimulating hormone receptor antibodies and anti-thyroid peroxidase were negative. Neck ultrasound revealed slightly elevated dimensions of the thyroid gland with heterogeneous echogenicity and bilateral hypoechoic areas. Cervical lymph nodes were normal. The Tc99 pertechnetate radionuclide thyroid scan demonstrated poor thyroid uptake. Therefore, she was diagnosed with subacute thyroiditis. Because of mild symptoms, she was treated with paracetamol and ibuprofen. Ten days later, she presented at the endocrine department due to worsening of her fever, neck pain, fatigue and myalgia. Her symptoms were no longer controlled by NSAIDs (lack of efficacy). She also experienced cough and reported 1kg weight loss. At that time, FT4 and T3 levels were elevated, TSH was suppressed and CRP was still high. Her thyroid was enlarged and tender on palpitation. Then, methylprednisolone was started. Consequently, the pain and tenderness resolved completely within 48h, and her FT4, TSH and T3 levels normalised within 2 weeks. Later, she was followed-up on tapering dose of methylprednisolone.

Vasileiou V, et al. Recurring subacute thyroiditis after SARS-CoV-2 mRNA vaccine: A case report. Case Reports in Women·s Health 33: Jan 2022. Available from: URL: http://www.journals.elsevier.com/case-reports-in-womens-health/

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