


Correspondence on “Diabetic ketoacidosis shortly after COVID-19 vaccination in a non-small-cell lung cancer patient”

Dear Editor

We would like to share ideas on the publication “Diabetic ketoacidosis shortly after COVID-19 vaccination in a non-small -cell lung cancer patient receiving combination of PD-1 and CTLA-4 inhibitors: A case report.”¹ Makiguchi et al. stated: “We speculate that the immune-related adverse event and immunogenicity of vaccination synergistically induced DKA.”¹ We accept that the COVID-19 vaccination may have side effects. Sasaki et al. presented an intriguing underlying pathomechanism in which the vaccine could cause aberrant immunity and DKA.² However, there is a lengthy time between vaccination and the onset of diabetes. We should be aware of the likelihood of a medical issue co-occurring with the COVID-19 vaccine that can lead to type 1 diabetes in a COVID-19 vaccine recipient. A vaccination recipient, for example, could develop dengue,³ and dengue could be a cause of DKA.⁴ Finally, we agree with the conclusions of Sasaki et al.² on the importance of a thorough assessment of the problem and the recognition of probable vaccination-induced diabetes. On the other hand, we would like to add a note about another possible concurrent issue that could cause DKA in a vaccine recipient.

CONFLICT OF INTEREST

The authors confirm that there are no conflicts of interest.

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