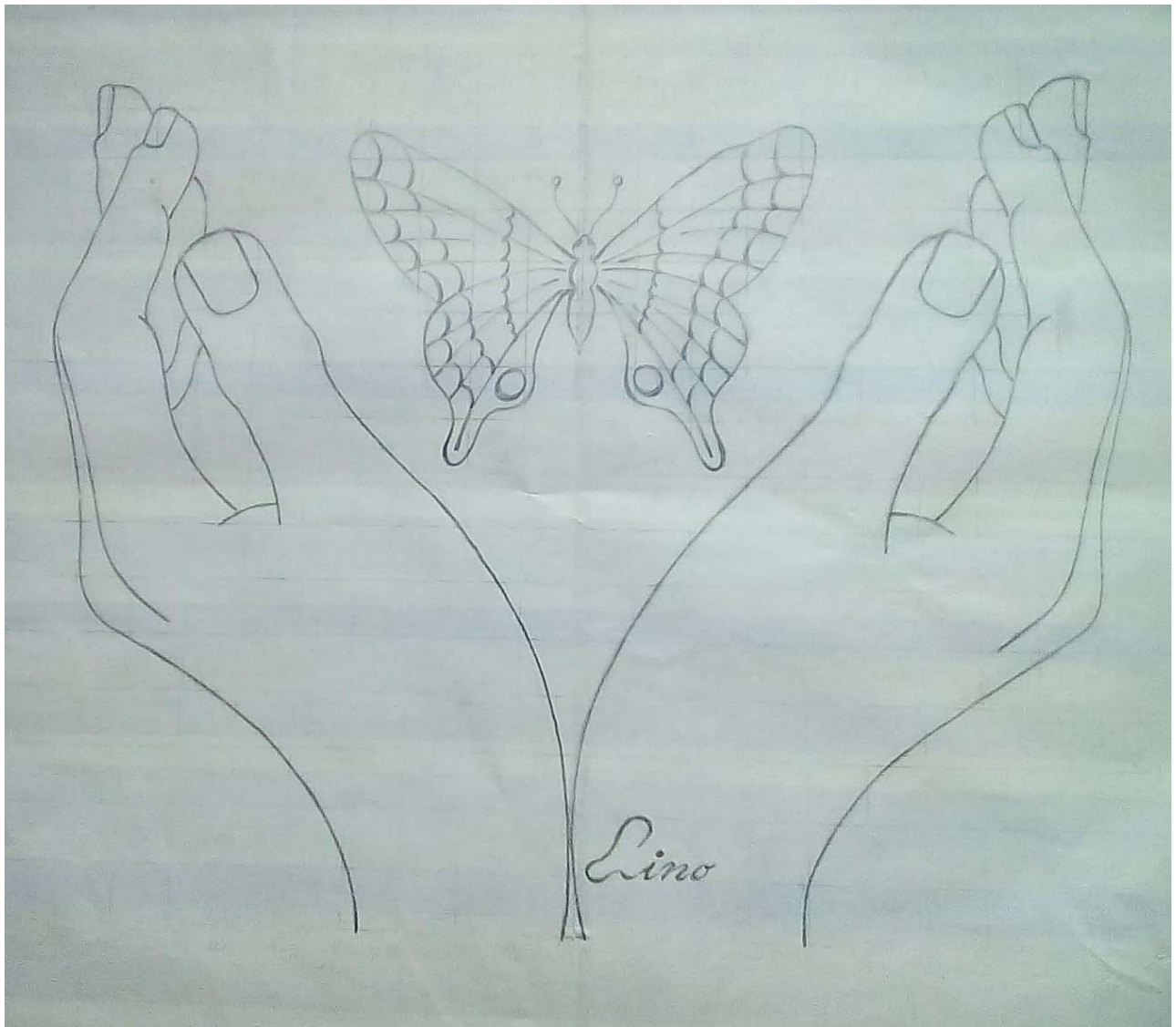


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COVID-19 Vaccination and Deep Vein Thrombosis: Case Report on a Possible Correlation.

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KEYWORDS: covid-19, thrombosis, pulmonary embolism.

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ABSTRACT

Background: International literature reports a possible association between COVID-19 vector-based vaccines and thrombosis, called *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT). This commentary will provide an easy sketch of VITT as well as a presentation of thrombosis after COVID-19 vaccines and proposed treatment. Communicated by Ramaswamy H. Sarma. (Hendaus MA, Jomha FA.) Very rare cases of thrombosis associated with thrombocytopenia have occurred following the vaccination with AstraZeneca COVID-19 vaccine. **Aim:** The aim of this Case Report is to summarize the current knowledge of the syndrome named *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT) in a patient undergone the Covid-19 Pfizer vaccination. **Case Report:** Our research group followed Mrs. I.M.P. 73 years old affected by *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT). Mrs. I.M.P. refers hypertension, diabetes and recent vaccination with Pfizer Covid-19 vaccine. After the Covid-19 vaccine administration the patient refers dizziness. **Results:** The results of the instrumental tests reveal a picture of pulmonary embolism secondary to deep vein thrombosis of the lower limbs. The patient has not reported episodes of phlebitis or thrombophlebitis of the lower limbs in the past. The beginning of the symptoms, according to the patient, dates back to the days following the vaccination for Sars-Covid-19. The patient voluntarily underwent the administration of Sars-Covid-19 Pfizer vaccine. **Discussion:** At present, literature reports possible thrombotic or haemorrhagic complications among the adverse events of Sars-Covid-19 vaccine. We recommend taking into consideration this possibility in order to avoid an underestimation, and therefore a misdiagnosis of thrombosis which is often frequent in the elderly and could develop into thromboembolism with negative effects on the patient's clinical prognosis. **Conclusions:** in conclusion, the single clinical case cannot and must not represent a condition comparable to a multicentre study involving millions of patients. For the relative frequency of thrombotic disease and possible thromboembolic evolution of the disease in elderly patients, we intend to underline, with this Case Report, the importance of looking for signs and symptoms of possible venous thrombosis

in order to avoid any possible complications that could endanger the life of the patient, regardless of the administration of the Sars-Covid-19 vaccine.

Background: International literature reports a possible association between COVID-19 vector-based vaccines and thrombosis, called *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT). This commentary will provide an easy sketch of VITT as well as a presentation of thrombosis after COVID-19 vaccines and proposed treatment. Communicated by Ramaswamy H. Sarma. (Hendaus MA, Jomha FA.) Very rare cases of thrombosis associated with thrombocytopenia have occurred following the vaccination with AstraZeneca COVID-19 vaccine. A practical patient management section will also be dealt with using information available from national and international scientific societies as well as expert panels. A literature search on the VITT syndrome was carried out in PubMed and 40 VITT cases have been reported. Continuous pharmacovigilance monitoring is needed to collect more data on the real incidence and the pathogenesis of VITT syndrome. Such information will also help us to optimize the management of this rare but often clinically severe thrombotic condition associated with COVID-19 vaccination. (Franchini M, Liumbruno GM, Pezzo M.)

Aim: The aim of this Case Report is to summarize the current knowledge of the syndrome named *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT) in a patient undergone the Covid-19 Pfizer vaccination.

Case Report: Our research group followed Mrs. I.M.P. 73 years old affected by *Vaccine-induced Immune Thrombotic Thrombocytopenia* (VITT). Mrs. I.M.P. refers hypertension, diabetes and recent vaccination with Pfizer Covid-19 vaccine. After the Covid-19 vaccine administration the patient refers dizziness. An otolaryngological evaluation performed on June 16, 2021, reported the absence of neurovegetative disorders; the examination of the right ear revealed the presence of 2 small perforations of the tympanic membrane. The patient reports dizziness associated with turning her head to the right side. Absence of nystagmus Halmagyi test (not executable due to poor cooperation of the patient). Useful neurological visit. A neurological examination reported the presence of similar vertiginous episodes in the past. Alert patient. Speech in order. No cranial nerve deficit. No sensitivity deficit. From the instrumental examinations picture of chronic vascular encephalopathy, there is a slight volumetric increase in the left lower limb compared to the contralateral. Doppler echo of the lower limbs is recommended.

Results: the results of the instrumental tests reveal a picture of pulmonary embolism secondary to deep vein thrombosis of the lower limbs. The patient has not reported episodes of phlebitis or thrombophlebitis of the lower limbs

in the past. The beginning of the symptoms, according to the patient, dates back to the days following the vaccination for Sars-Covid-19. The patient voluntarily underwent the administration of the Sars-Covid-19 Pfizer vaccine.

Discussion: At the time of the onset of the symptoms, a precise causal link between Sars-Covid-19 vaccination and the onset of venous thrombosis or thromboembolism was not yet established. At present, literature reports possible thrombotic or haemorrhagic complications among the adverse events of Sars-covid-19 vaccine. We recommend taking into consideration this possibility in order to avoid an underestimation, and therefore a misdiagnosis of thrombosis which is often frequent in the elderly

and could develop into thromboembolism with negative effects on the patient's clinical prognosis. **Conclusions:** In conclusion, the single clinical case cannot and must not represent a condition comparable to a multicentre study involving millions of patients. For the relative frequency of thrombotic disease and possible thromboembolic evolution of the disease in elderly patients, we intend to underline, with this Case Report, the importance of looking for signs and symptoms of possible venous thrombosis in order to avoid any possible complications that could endanger the life of the patient, regardless of the administration of the Sars-Covid-19 vaccine.

Conflict of Interest: none declared

Figures

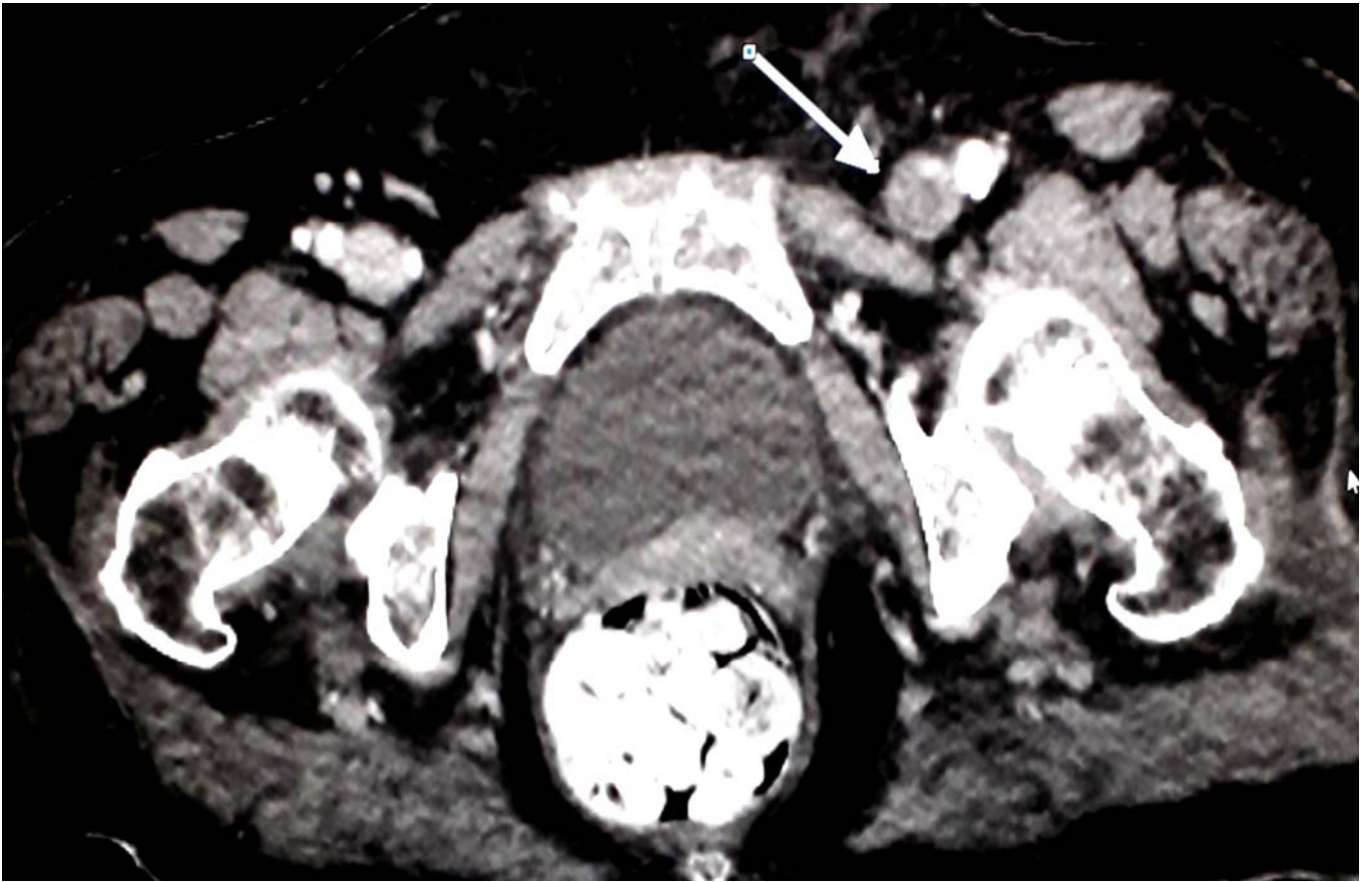


Fig. 1. Detail of the intensity of the deep vein thrombosis evidenced by CT scan.

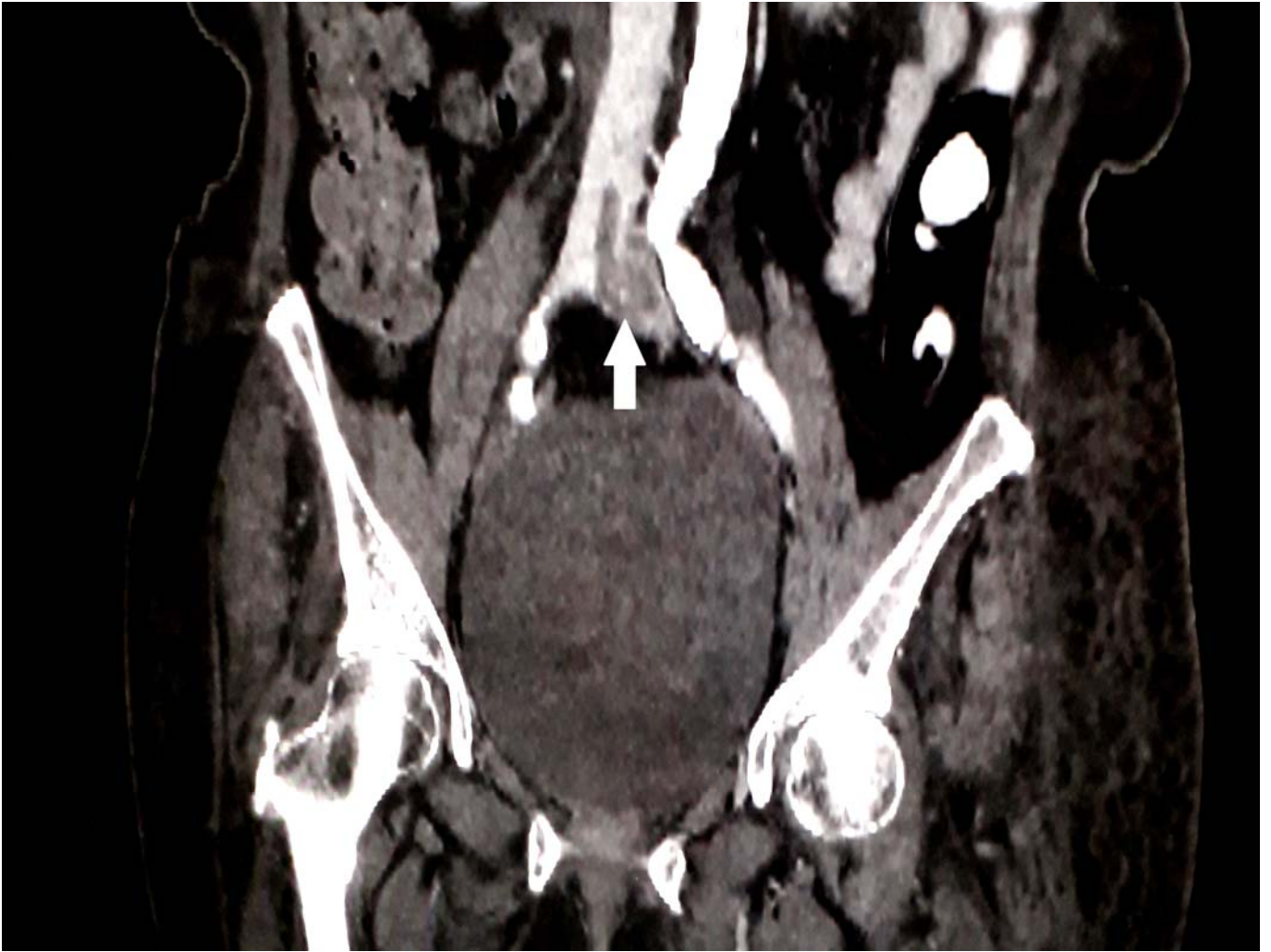


Fig. 2. Detail of the intensity of the deep vein thrombosis evidenced by CT scan.

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