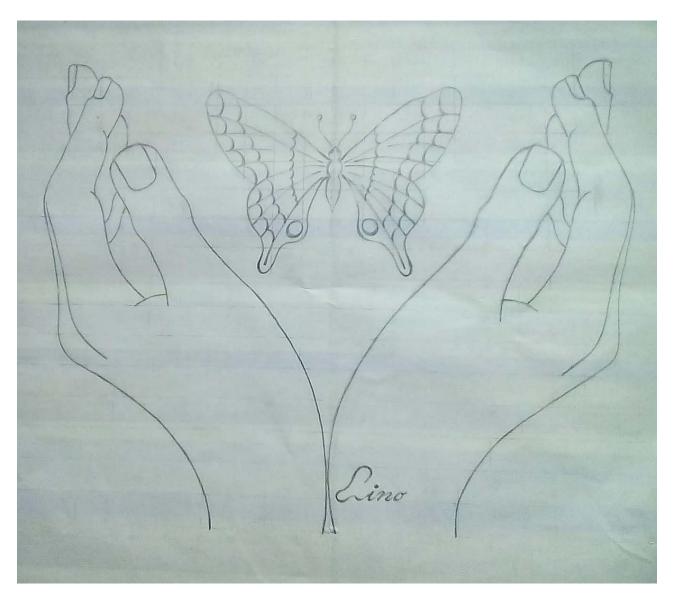
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Pulmonary embolism and COVID-19 vaccination:

Case report on a possible correlation.

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ABSTRACT

Background: International literature reports a possible association between COVID-19 vector-based vaccines and Pulmonary Embolism (P.E.). This Case report will provide a detailed report about P.E. as well as presentation of thrombosis after COVID-19 vaccines. 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 on the Pulmonary Embolism in a patient undergone the Covid-19 Astra-Zeneca vaccination. Case Report: In March 2021 our research group followed Mrs. E.C. 51 years old affected by Pulmonary Embolism. Mrs. E.C. do not refer chronic illness but only a cholecistectomy in 2017 and recent vaccination with Astra-Zeneca Covid-19 vaccine in the on February 3, 2021. After the Covid-19 vaccine administration the patient refers general malaise and vomiting. Results: the results of the instrumental tests reveal a picture of pulmonary embolism, probably due to the vaccination for Sars-Covid-19. The patient voluntarily underwent the administration of the Sars-Covid-19 Astra-Zeneca 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 the possibility of a Pulmonary Embolism in order to avoid an underestimation, and therefore a misdiagnosis, of this severe condition which is rare in young people and could develop 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 multicenter study involving millions of patients. For the relative frequency of thrombotic disease and possible thromboembolic evolution of the disease in the young 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 Astra Zeneca Sars-Covid-19 vaccine.

Background: International literature reports a possible association between COVID-19 vectorbased vaccines and Pulmonary Embolism (P.E.). This Case report will provide a detailed report P.E. as well as presentation of about COVID-19 thrombosis after vaccines. 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 on the Pulmonary Embolism in a patient undergone the Covid-19 Astra-Zeneca vaccination.

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Results: the results of the instrumental tests reveal a picture of pulmonary embolism, probably due to the vaccination for Sars-Covid-19. The patient voluntarily underwent the administration of the Sars-Covid-19 Astra-Zeneca 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 the possibility of a Pulmonary Embolism in order to avoid an underestimation, and therefore a misdiagnosis, of this severe condition which is rare in young people and could develop negative effects on the patient's clinical prognosis

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Conflict of Interest: none declared.

Figure

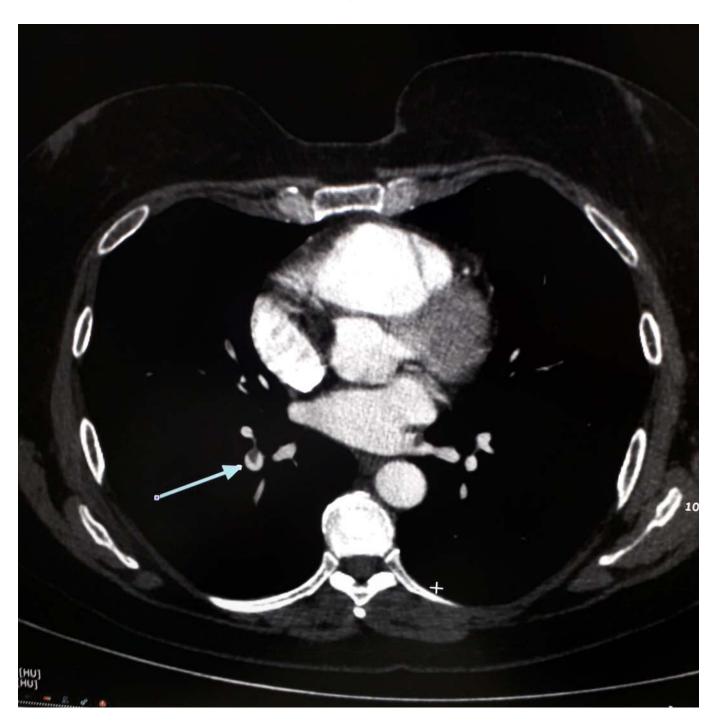


Fig. 1: Detail of the pulmonary embolism evidenced by CT scan.



Fig. 2: Detail of the pulmonary embolism evidenced by CT scan.

References

- 1) Bompard F, Monnier H, Saab I, Tordjman M, Abdoul H, Fournier L, Sanchez O, Lorut C, Chassagnon G, Revel MP. Pulmonary embolism in patients with COVID-19 pneumonia. Eur Respir J. 2020 Jul 30;56(1):2001365.
- 2) Poyiadji N, Cormier P, Patel PY, Hadied MO, Bhargava P, Khanna K, Nadig J, Keimig T, Spizarny D, Reeser N, Klochko C, Peterson EL, Song T. Acute Pulmonary Embolism and COVID-19. Radiology. 2020 Dec;297(3):E335-E338.

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