

Vasospastic angina following COVID-19 vaccine-related myocarditis: comment

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Letter to the Editor

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Dear Editor, we would like to share ideas on the publication “Vasospastic angina following COVID-19 vaccine-related myocarditis: an underlying cause of chest pain.”¹ 36 hours after receiving the second dose of the BNT162b2 vaccine, Tanaka et al. reported a 13-year-old boy with recurring chest pain, increased cardiac enzymes, and aberrant ST segments in an ECG.¹ Myocarditis and vasospastic angina, respectively, were confirmed by cardiac MRI and coronary angiography with acetylcholine provocation, according to Tanaka et al.¹ Tanaka et al. came to the conclusion that COVID-19 vaccine-related myocarditis' chest discomfort may be significantly influenced by coronary vasospasm.¹

Debating whether the COVID-19 vaccination is related to the noted clinical problem is an interesting topic. Case-specific data can be used in published works, but confounding factors' effects cannot be determined. Finding the correct response could be difficult. Due to a lack of clinical information on the physiological and immunological status of vaccine recipients before injection, it may be difficult to pinpoint the precise clinical link, which is an important factor to consider. Comorbidities are rarely mentioned in clinical records, even when they do exist. It may occasionally be difficult to identify the precise patho-pharmacological relationship because there is a dearth of information on the health and immunological status of vaccine recipients prior to COVID-19 vaccine injection. A significant problem is figuring out how concurrent medical disorders impact clinical results.² Genetics, last but not least, also has an effect.³ It is challenging to pinpoint the precise clinical link for any of the findings due to the dearth of current available evidence.

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