

中文題目：重組棘蛋白新冠疫苗與橫紋肌融解

英文題目：Protein subunit COVID vaccine and Rhabdomyolysis

作者：李瑞源¹

服務單位：¹衛福部台中醫院內科

Introduction: COVID-19 is still prevail a lethal disease that threatened the world. COVID-19 vaccines protect the people and limited its spreading. Public acceptance depend on both the efficacy and SEs of the vaccine. The COVID-19 vaccine's side effects influenced public trust in administration rate.

Case Presentation:

This 56 year-old man had past history of 1. valvular heart disease s/p operation 10 years ago 2. DM 3. Drug abuse, 4.left leg cellulitis just discharged from ward on 5/20, 5.Smokingcessation 1/2ppk /day x30 more years. According to the patient himself, he ever recieved MVC COVID-19 Vaccine since 5days ago. He suffered from intermittent shortness of breath and palpitation for days. Due to above condition, he came for medical help. CXR showed no active lesion except median sternotomy wires and valve annuloplasty. EKG showed atrial flutter CPK:2166/HS-Troponin 5.9. Under the impression of rhabdomyolysis atrial flutter .the patient was admitted for further management. After admission, we keep antitussives and mucolytic agent for symptomatic treatment. Keep Warfarin 5mg 0.5# QD for history of severe TR s/p valve placement (mechanical valve). The echo revealed bilateral few effusion in 5/31. The temperature rose to 37.6'C, the lab data revealed leukopenia, we added empirical antibiotic. The blood culture yielded Chryseobacterium indologenes.

Discussion: The etiology or association of the rhabdomyolysis in COVID vaccination remains unclear.

Conclusion: Rhabdomyolysis has been documented with other vaccination but physician should think about the possibility following COVID-19 vaccination as early diagnosis and treatment as prognosis of rhabdomyolysis is rather favorable.