

AMBULATORY CARE CENTRE

09 JUN 2023

ALLERGY CLINIC
Royal North Shore Hospital

31 May 2023

Dr Elizabeth Rayment
Newport Medical Centre
5/1 Kalinya Street
NEWPORT NSW 2106

Dear Dr Rayment

Re: Lauren Scott DOB: 9/5/1994 MRN: 2225532

Diagnoses:

1. COVID-19 vaccine induced pericarditis following mRNA-Pfizer vaccines administered on 29/7/21 and 19/8/21
 - Brighton case definition level of certainty 2 (acute chest pain, shortness of breath on exertion, palpitations, ECG: widespread ST elevation and PR depression, TTE: small pericardial effusion)
 - Mild to moderate improvement from NSAIDs and colchicine
 - Moderate improvement from prednisone (50 mg daily) but caused severe anxiety
 - Mild improvement from hydroxychloroquine 300 mg daily
 - Anakinra commenced 4/1/23
2. Right ovarian cyst rupture 2017 - diagnostic laparoscopy and appendicectomy.
3. LLETZ November 2022.
4. Colchicine-induced lip angioedema (March 2022).

Medications:

1. Anakinra 100 mg daily
2. Ibuprofen 400 mg tds.
3. Pantoprazole 40 mg daily.
4. Agomelatine 25 mg nocte.
5. Colchicine 250 mcg bd.

I assessed Lauren in the COVAX Clinic for her pericarditis following mRNA COVID-19 vaccination.

Lauren is now making steady progress since her last assessment four weeks ago. She reports a gradual improvement in her exercise capacity to 900 m on flat ground and is no longer experiencing palpitations. She reports that if she misses any of her doses of ibuprofen that she experiences an exacerbation of chest pain.

Her CT chest is normal. Her bone scan revealed mild uptake bilaterally at the sixth and seventh costochondral junctions although there is no tenderness on palpation at these sites.

Lauren is reluctant to have an influenza A vaccine as she is concerned that it may precipitate an exacerbation of her chest pain and she reports that she is socially isolating at present.

My impression is that Lauren most likely had a component of costochondritis in addition to pericarditis following her mRNA vaccination and both of these manifestations appear to be gradually resolving. I have advised her continue her current regimen but at her next review in 4 weeks I will attempt to wean her therapy.