

Review of: "Cryptic evidence on underreporting of mRNA vaccine-induced cardiomyositis in the elderly: a need to modify antihypertensive therapy"

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I have read in detail the case presented by Professor Donald Forsdyke, about his own experience of developing cardiomyositis induced by the mRNA vaccine for COVID 19. This case presented is a descriptive account of cardiomyositis symptoms after the fifth booster dose of vaccination. He discusses his own experience of symptoms of chest pain and drop in systolic blood pressure, rapid pulse, during exercise.

The author is an experienced cardiologist and knows how to recognize his own alterations in vital signs, it is noteworthy that there are many cardiovascular alterations that alter them, for example arrhythmias (atrial fibrillation, very common in people over 60 years of age).

It is true that cardiomyositis was observed more in young people, this because the follow-up studies included this population, and therefore I agree with the author's hypothesis, who states that the cases in the elderly were underreported or underdiagnosed. This may be due to the confinement decreed for this population at risk.

The author mentions that diagnostic tests for caryomyositis were performed, however details are lacking in this regard, especially the echocardiographic description, which is very important in the detection of regional contraction abnormalities. Also, the author's history of coronary disease is not known, this may also influence the development of angina symptoms and changes in laboratory tests, so I consider it important for this case to describe the history of coronary disease. In the same way it could raise the possibility of stress cardiomyopathy (takotsubo syndrome), although less prevalent, but it is clear that it presents with signs of acute heart failure, changes in the electrocardiogram and elevation of biomarkers.

Finally, I comment that according to the study published in the Journal of the American College of Cardiology in 2022 [Comparative Risk of Myocarditis/Pericarditis Following Second Doses of BNT162b2 and mRNA-1273 Coronavirus Vaccines (1)] , the incidence of myocarditis, pericarditis or myopericarditis is two to three times higher after a second dose of Moderna Spikevax vaccine compared to Pfizer BioNTech. Myocarditis is defined as an inflammatory disease of the heart muscle and is a major cause of acute heart failure, sudden death, and dilated cardiomyopathy. There is inflammation of the myocardium diagnosed by established histological, immunological and immunohistochemical criteria.

In the case presented, the author calls our interest to think more about the development of cardiomyositis in elderly people. Since, according to his hypothesis, many of the cases of sudden or unexplained death in the elderly population could

correspond to undiagnosed cases.