

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

Domas Vaitiekus¹

¹ Hospital of Lithuanian University of Health Sciences Kaunas Clinics

Potential competing interests: No potential competing interests to declare.

Major review recommended.

Article is very interesting and actual case presentation. This is very important for clinicians to report and present cases of possible side effects of new gene technology based vaccines. These clinical findings should be published after revision.

1. This Article is a case presentation; I would like to have mentioned this in the topic of article. No definitive recommendation from one case cannot be given.
2. Abstract interpretation part should be evidence based. I would suggest withholding with treatment and other recommendation from one clinical case.
3. 'Cardiomyositis' should be considered to change to myocarditis, there is nothing in the article about side effects on rhabdoid muscle.
4. This paragraph doesn't look necessary: "He attributes the absence of symptoms (i.e., their crypticity) to his protocol of adjusting ARB doses daily according to BP readings (see Methods). This practice had previously brought to light the need to adjust doses according to environmental temperature.[6] Thus, although this journal does not usually publish what is essentially a personal case history, in this instance the editors have granted a waiver. Of importance in this respect is that the study was carried out with widely available BP monitors. Thus, using a "crowd sourcing" approach, [14] the results might readily be confirmed by some of the many millions of hypertensive subjects with a scientific background. "Comments about dose adjustment are not necessary as it looks like a recommendation.
5. Methods should be more exact with less interpretation. Protocol history is overwhelming information.
6. Results should be corrected only to the medical facts and measurement; additional information looks not very scientific. This should not be a story like article.
7. Discussion section: from this case presentation recommendation about ARB/ACFI should not be given due to lack of strong evidence, this should be more in the way of discussion.
8. Last paragraph in discussion section should be revised and made clearer with evidence, shortened or removed.

