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

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Potential competing interests: No potential competing interests to declare.

First of all, I have a great respect for an old colleague and admire very much his passion for clinical research.

This paper, however, has several concerns preventing its publication as a scientific article.

This paper is presented as original research, but it is, actually, a description of the clinical history of the author itself. The introduction is focused on cardiomyositis as rare complication of RNA COVID-19 vaccines. Cardiomyositis is a rare term. It is reported only in 8 papers in Pubmed. It may be accepted as a synonym of myocarditis. The diagnosis of myocarditis is confirmed by tests such as blood tests (increase in cardiac enzymes), electrocardiogram, cardiac MRI, echocardiogram, cardiac catheterization and heart muscle biopsy. None of these tests has been performed in the presented case, so no diagnosis of myocarditis can be done. The modest elevation in BNP is of course not diagnostic, it may be associated with increasing age as it usually occurs. The subjective palpitations adverted after “stress test” (15 min jogging) in an elderly may be, of course, an arrhythmia, likely an atrial fibrillation, but no ECG finding are reported. Besides, atrial fibrillation is a frequent finding in the elderly after increased physical activity (thus, it may be a casual event), and it obviously determine a rapid fall of BP with slow recovery, as described.

Retrospective studies of author’s BP readings during the vaccination period revealed transient, but prolonged, falls of BP several weeks after each of last four vaccinations. However, blood pressure is influenced by many variables, both external and personal. Author attributes the absence of symptoms to his protocol of adjusting ARB doses daily according to BP readings. This implies that the noticeable number of hypertensive patients, that usually do not adjust their drug dose, should have reported noticeable blood pressure changes throughout time. This it is not the case. In fact, although Long COVID-19 syndrome has been associated with a great number of symptoms, blood pressure changes were not particularly reported, in contrast with heart rate elevation during exercise or in orthostatism, likely due to autonomic damage. Author’s pulse values seem to increase slightly and constantly over time without any relation to vaccination, and this may be likely due to increasing age. Anyway, the reported blood pressure and heart rate values cannot be linked to myocarditis in absence of clinical and laboratory evidence.

From the speculative point of view, however, the item of changes in blood pressure after COVID-19 RNA vaccination and the role of the Renin-Angiotensin system and its receptors may be of some interest. Thus, I suggest addressing this argument as a mini-review.