

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

Kong Xiangqing¹

¹ Nanjing Medical University

Potential competing interests: No potential competing interests to declare.

This paper can be an important contribution to the scientific inquiry in the field of vaccine-induced cardiomyositis in the elderly, however there are some concerns.

The author clarified his own symptoms and BP levels which may be due to the potential cardiomyositis. However, the findings needs more evidence. The lack of markers of myocardial injuries may affect the accuracy. The author focused on the vaccine-effect in the elderly, the definition of the elderly should be determined. Cardiomyositis could be caused by many factors like virus infection (influenza), does the author make some survey in this field?

The author should explain why the goal of BP was "130/75mmHg", and the standard measurement of BP should be stated, how many times of measurements and the average of BP was calculated by the last two or the three? More importantly, vascular elasticity in the elderly decreased along with age increased, does the goal of BP in the elderly should be the same with the young?

Short-term effects of vaccine was shown in the figure, but the long-term effect of vaccine was not enough followed-up.

Vaccine 4 and 5 were not promoted enough in the China mainland, and the application rate was not high, it seemed the racial and ethnic limitation should be taken into discussion.

The discussion section lack the comparison of literature on the long-term effect on COVID19-related cardiovascular diseases.

Please clarify the accuracy of the title of Table 1 "COVID-10 vaccination schedule and short-term side effects", not the COVID-19?