SARS-CoV-2 mRNA vaccine associated myocarditis.

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Abstract

SARS-CoV-2 mRNA vaccines have played a pivotal role in combating the COVID-19 pandemic. However, the occurrence of myocarditis, an inflammation of the heart muscle, following vaccination has raised concerns. This article provides an overview of SARS-CoV-2 mRNA vaccine-associated myocarditis, focusing on its incidence, clinical presentation, and current understanding. Myocarditis following mRNA vaccination is rare, predominantly affecting young males. Symptoms typically emerge after the second vaccine dose and include chest pain, shortness of breath, and flu-like symptoms.

Keywords: SARS-CoV-2, mRNA vaccine, Myocarditis, COVID-19, Incidence, Clinical presentation, Immune response, Risk-benefit analysis.

Introduction

In the global fight against the COVID-19 pandemic, mRNAbased vaccines have emerged as a vital tool for immunization. These vaccines, such as those developed by Pfizer-BioNTech and Moderna, have demonstrated high efficacy in preventing severe illness and reducing the transmission of SARS-CoV-2. However, like any medical intervention, mRNA vaccines carry potential side effects. One notable adverse event that has garnered attention is myocarditis, an inflammation of the heart muscle, which has been reported in some individuals following vaccination. This article aims to provide an overview of SARS-CoV-2 mRNA vaccine-associated myocarditis, including its incidence, clinical presentation, and current understanding of the condition [1].

Incidence and Background

Cases of myocarditis associated with mRNA vaccines have been reported, primarily in young males under the age of 30. The condition appears to be more common after the second dose of the vaccine, with symptoms typically manifesting within a few days following vaccination. While myocarditis following mRNA vaccination is relatively rare, it has received significant attention due to its potential impact on affected individuals. SARS-CoV-2 mRNA vaccine-associated myocarditis typically presents with chest pain, shortness of breath, and symptoms resembling a heart attack. Other symptoms may include fatigue, fever, and joint/muscle pain. Notably, the symptoms are generally mild and self-limiting, with most individuals recovering fully within a few days to weeks. However, in some cases, myocarditis can lead to more severe complications, including heart failure and arrhythmias [2].

The exact mechanism underlying SARS-CoV-2 mRNA vaccine-associated myocarditis is not yet fully understood. Current research suggests that it may result from an immune response triggered by the vaccine, particularly in individuals with a predisposition or underlying vulnerability. It is hypothesized that the immune response may cause inflammation of the heart muscle in a small subset of vaccinated individuals, leading to myocarditis. While the occurrence of myocarditis following mRNA vaccination is a concerning development, it is crucial to assess the risk-benefit ratio of these vaccines [3].

Multiple studies have shown that the benefits of COVID-19 vaccination far outweigh the risks of potential adverse events. COVID-19 itself poses a substantial risk of myocarditis and other severe complications. Additionally, the incidence of myocarditis following mRNA vaccination remains low compared to the number of people vaccinated, and the condition is generally manageable and resolves with appropriate medical care [4].

Health authorities and regulatory bodies closely monitor vaccine safety and have provided recommendations to manage the risk of myocarditis. These include increased awareness among healthcare professionals and the public, timely recognition of symptoms, and appropriate management. Ongoing research aims to better understand the risk factors, underlying mechanisms, and long-term outcomes associated with SARS-CoV-2 mRNA vaccine-associated myocarditis, as well as potential strategies for prevention and treatment [5].

Conclusion

SARS-CoV-2 mRNA vaccine-associated myocarditis is a rare but important adverse event associated with mRNA-

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based COVID-19 vaccines. Although the condition has garnered attention, the benefits of COVID-19 vaccination in preventing severe illness and reducing the transmission of the virus outweigh the potential risks. Ongoing research and surveillance efforts are crucial in understanding and managing this adverse event and ensuring the continued safety and efficacy of mRNA vaccines in the fight against the global COVID-19 pandemic.

References

- 1. Meng W, Hao Y, He C, et al. Exosome-orchestrated hypoxic tumor microenvironment. Mol. Cancer. 2019;18(2):5-7.
- 2. Garnier D, Magnus N, Meehan B, et al. Qualitative changes in the proteome of extracellular vesicles accompanying

cancer cell transition to mesenchymal state. Exp. Cell Res. 2013;319(17):2747-57.

- Thorburn J, Andrysik Z, Staskiewicz L, et al. Autophagy controls the kinetics and extent of mitochondrial apoptosis by regulating PUMA levels. Cell Rep. 2014;7(1):45–52.
- 4. Ichim G, Lopez J, Ahmed SU, et al. Limited mitochondrial permeabilization causes DNA damage and genomic instability in the absence of cell death. Mol. Cell. 2015;57(5):860-72.
- 5. Mulcahy Levy JM, Thorburn A. Autophagy in cancer: moving from understanding mechanism to improving therapy responses in patients. Cell Death Differ. 2020;27:843-57