

ASEPTIC MENINGITIS AND RHABDOMYOLYSIS FOLLOWING THE COVID-19 VACCINATION

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The COVID-19 pandemic still has an unprecedented ripple effect inside public health systems globally, leading to a significantly increased morbidity and mortality. The vaccination is held as the most significant pandemic-reducing strategy. Although the benefits prevail over the risks in the case of the COVID-19 vaccinations, side effects are still under scrutiny from which some are more common such as the headache or localized pain and some are being reported exceedingly rare, such as the aseptic meningitis and rhabdomyolysis.

A case of a 62-year-old male without any significant comorbidities is presented which, within 7 days post-vaccination, developed impaired walking, behavioral anomalies, lower limb myalgia, loss of appetite and fatigability. At the time of admission to the department of Neurology, the laboratory findings highlighted a hepatic cytolysis syndrome (ALT 124U/l, AST 391U/l) and an increase in creatin kinase (9155U/l) and lactate dehydrogenase (921U/l). The most common causes for rhabdomyolysis have been excluded such as lipid-lowering statin treatment, strenuous physical exercise or trauma. The behavioral changes coupled with the nuchal rigidity justified the lumbar puncture, with the cerebrospinal fluid analysis suggesting aseptic meningitis (increased albumin – 132 mg/dl, increased glucose – 80 mg/dl, pleocytosis – 50 cells/mm³ with lymphocytic skew with no germs being identified). Under fluid repletion, electrolyte balance restoring solutions and corticosteroid therapy the conditions improved.

This case brings into discussion two rare, but relevant, adverse effects occurring post-vaccination that neurologists should be made aware of in order to identify and efficiently manage such patients.

