
Letters to the Editor

□ SUPERIOR VENA CAVA SYNDROME AND COVID-19 VACCINE REACTION

□ To the Editor:

We would like to share ideas on the article by McNeilly and Wilkerson entitled “Not feeling swell: superior vena cava (SVC) syndrome falsely attributed to COVID-19 vaccine reaction” (1). According to McNeilly and Wilkerson, this instance emphasizes the value of conducting a comprehensive physical examination and keeping a wide-ranging differential diagnosis. The existence of Pemberton’s sign in this case led to further investigation and suspicion of SVC syndrome (1). We are all concerned that the COVID-19 vaccine could be dangerous despite being beneficial. It is unable to pinpoint the precise source of the clinical issue in this case due to the dearth of pre-vaccination information on the health and immunological status of vaccine recipients. Information that is contradictory may cause people to revolt against immunizations and lose faith in them. A patient comorbidity may be the cause of the issue (2).

Despite the patient’s clear clinical state, there was a risk that there were still undiagnosed comorbid conditions. It is possible to classify coinfections that may develop in vaccine recipients after receiving the shot as a vaccine effect. To reach a judgement regarding the vaccine’s effect on ocular problems, there must be sufficient

data. To reach a judgement regarding the vaccine’s effect on ocular problems, there must be sufficient data. A group of patients with known prevaccination immunological and health conditions who were afterward assessed to determine how the vaccine impacted clinical status would provide more conclusive evidence on this topic. In conclusion, McNeilly and Wilkerson stated that before diagnosing an unfavorable effect caused by vaccine, it is vital to rule out any other potential causes of medical problems.

Rujittika Mungmunpantipantip
Private academic consultant, Bangkok, Thailand

Viroj Wiwanitki
Dr. D.Y. Patil Medical College, Pune, India

Corresponding author.
E-mail address: rujittika@gmail.com
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