

A rare complication after Anti SARS CoV-2 vaccination: septic arthritis of the sternoclavicular joint, mediastinitis and pulmonary embolism

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Background

There is a lot of interest and spirited debate about the adverse effects of anti-SARS CoV2 vaccines in the global pandemic context of the SARS Co-V2 infection.

Aim of the study: the purpose of this article is to demonstrate a link between vaccine inoculation and the development of some unusual clinical symptoms.

Case history

We describe the case of a 21-year-old young woman who developed symptoms of fever, chest and limb discomfort in her left upper arm around 10 days after receiving her first dose of Modern vaccine, necessitating a trip to the emergency room and hospitalization 14 days later. Septic arthritis of the left sternoclavicular joint, mediastinitis, deep vein thrombosis of the left upper limb, and pulmonary embolism were diagnosed as a result of the instrumental tests performed during the hospital stay, particularly the angioTc of the chest and left upper limb; the growth of *Staphylococcus aureus* on a blood culture. The patient receives bacterial and anticoagulant therapy and recovers

clinically and radiologically, allowing him to be discharged 10 days following hospitalization.

Discussion

Given the chronological sequence, the vaccination's causative role in the formation of the clinical picture is extremely likely in this case, but with a plausible non-specific mechanism including vaccine injection at the venular or arteriolar level and adherence to asepsis. Although cases of septic arthritis following vaccines have been reported in recent years for influenza and pneumococcal vaccines, as well as more recently for SARS CoV2 vaccines (in particular with involvement of the shoulder joint), the novelty of our finding stems from the fact that it would be the first case of septic arthritis with a sternoclavicular localization, which is unusual in and of itself.

References

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