



Reply to Letter to the Editor: Spectrum of Rhabdomyolysis and Myoglobinuria

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As advised, we read the article by Cirillo et al.¹ It is an informative article regarding COVID-19 vaccine complications and mentioned musculoskeletal system-related adverse event.

We would like to take this opportunity to clear up a few concerns raised in the letter to the editor.² We encountered our case in the month of March 2021 and subsequently sent the manuscript to Indian Journal of Radiology and Imaging on April 4, 2021. It was published in the July 2022 issue. We did not find any such case when we prepared the manuscript for publication; otherwise, we would have mentioned it.

Rhabdomyolysis is a clinical and laboratory-based diagnosis. Our patient had sore muscles, low-grade fever, muscle fatigue and weakness, and progression to other groups of muscles. An initial clinical diagnosis of myositis was made and the patient was treated on an outpatient department basis—symptomatic treatment with hydration, analgesics, and supportive medications. As this is a common vaccination complication, clinical diagnosis was delayed for 10 days. Since there was no clinical improvement, further work-up was made that showed grossly elevated creatine phosphokinase and lactate dehydrogenase levels. Suspicion of rhabdomyolysis was made after this.

The patient was then admitted and treated with intravenous steroids, analgesics, and other supportive medication.

The patient showed improvement later and was discharged after 1 week of treatment. No dialysis was required.

Myoglobinuria may be absent in up to 50% of cases. Myoglobinuria may not be present or might have resolved early in the course of rhabdomyolysis. Hence, the absence of myoglobinuria should not be relied upon to rule out the diagnosis of rhabdomyolysis.³ Moreover, the case of Cirillo et al presented with a severe spectrum of rhabdomyolysis, unlike our case.

Since the patient was relieved, no further invasive work-up was agreed upon by the patient. Hence, a muscle biopsy was not done. The treatment and prognosis parts were written briefly owing to the limitation of the number of words to be used in the case reports, as per IJRI journal guidelines. Our aim in the article was to share the radiological findings in the case of postvaccination rhabdomyolysis.

References

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