

16 February 2022

Dr Ayotunde Awosolu
Tatura Medical Centre
4 Thomson Street
Tatura VIC 3616

Dear Dr Awosolu

Re: Elizabeth Mann DOB: 13/05/1972
534 Craven Rd, Tatura VIC 3616
Phone: 0427 857 578(M)

HISTORY:

Elizabeth is 49 year old woman who had her first Pfizer covid 19 vaccination, 23rd November at 10.25am. She had her injection in drive through area and she immediately honked the horn and laid the seat down at 10.30am as she felt unwell. She had an increase in BP to systolic 160mmHg and she developed chest pain and "blackened out" but may not have lost consciousness but felt faint for a few seconds. She was put in a wheelchair and could not stand as her legs collapsed. She lay on the bed provided and was taken by ambulance to Shepparton base hospital. She was investigated in the Emergency department but there was no abnormality on the ECG and her blood tests were normal. She was diagnosed with reflux and chest wall pain. She was discharged.

The following day she was in the paddock and trying to feed livestock and she almost collapsed and had left sided chest pain in the anterior chest wall going through to the back and she rang nurse on call and ambulance was called. She was assessed in the emergency department and the ECG and troponin was normal. D Dimer was normal

Two days later she was at home at night with heart racing and chest pain and the ambulance took her to emergency department. At Shepparton emergency she had an ECG which was normal. Her WCC dropped down.

Day 10 post vaccination she had a rash on the chest, abdomen and arms and legs. It was described as "raised dots". It was itchy so she took anti-histamines, Zyrtec which did not work.

She developed hiccups.

Day 14 she had spontaneous bruising around the left upper eye lid and on the legs. She had been using the chain saw and doing work which had caused a few scratches. The left eye bruising on the eyelid was attributed to the aspirin given to her in the ambulance a few days earlier.

18th January 2022, Elizabeth was seen by Dr Nana who did a stress ECHO and there was no reversible ischaemia. She had no pericardial fluid. He felt it was possible she had pericarditis or myocarditis and gave her colchicine which she did not tolerate. She has just completed a course of Prednisolone 25mg orally bd, was over 5 days and weaned down. She has had mild insomnia.

She has had an MRI brain when developed the left eyelid bruising which was normal. Admitted to the Shepparton Private in Mid December 2021.

On the 3rd of January 2022, she was in central NSW and on waking she was noticed to have a left facial droop by her friends. She did not want to go to hospital so she went back to Echuca and was seen in the emergency department and had a CT brain which was normal. She has had a repeat MRI brain with Goulburn Valley hospital which was normal.

On the 5th February 2022, she was going to board the plane to see mother in Tasmania but had heart racing and

legs felt like jelly and she was denied boarding on the plane. She was seen at the Austin and her cardiac investigations were normal

She has persistent aching around the left eye but not typical of migraine. Atypical facial pain but imaging normal.

She has had been waking with body jerks which may be sleep myoclonus at times.

Past History

Covid 19 infection possible in Jan 2020. Came back from USA with "flu-like" illness. Had diarrhoea. Not testing
Chronic fatigue syndrome. White blood cells have been low on occasion and seen haematologist
Premature menopause at 42 years
Kunjin virus infection

Family History

Mother has inclusion body myositis and lives in Tasmania
Father died of cerebral lymphoma
Maternal cousin with MS and Sjögren's syndrome
Brother - not sure of history but has been psoriatic arthritis
Sister - is well

Medication

Oestrogen gel
Progesterone gel tablet continuously

Allergy

erythromycin
keflex
pyrethrum
BHAT preservative
medical face masks
nurofen - hallucination and stomach cramps
colchicine - fatigue and shortness of breath and facial droop

Social History

non smoker
Drinks minimal alcohol
Has an exemption for all Covid 19 vaccination
Runs own sheep farm on her own.
She works in agriculture.
After vaccine "could not function"

EXAMINATION:

124/80mmHg. HR 58bpm
Cranial nerves: PERL. V/A 6/6 bilaterally. Eye movement normal. Normal sensation to pin over the face. No facial asymmetry. No bulbar function
PNS: UL and LL normal tone, power 5/5 and reflexes and sensory examination. Coordination and gait is normal.

ASSESSMENT:

Significant reaction immediately following first Pfizer vaccination. Chest pain, weakness and ongoing symptoms for a few weeks but no serious cause found.
Element of anxiety as well
Isolation on property which adds to the situation when unwell
Persistent aching around the left eye. - Had optometrist check which was normal.

MANAGEMENT:

We have discussed the reaction after the Pfizer vaccination and it was appropriate to have an exemption as it is unlikely that Elizabeth would tolerate another RNA vaccination as she was quite traumatised after the first one.
She could be given a more traditional protein based vaccine in the future such as the Novovax. Patients have described mild post-vaccine related symptoms which then turn into functional neurological symptoms after vaccination which can be very disturbing at the time.

She has had chronic fatigue and lowish white cell counts in the past but no definite autoimmune disease.

She has had aching of the left side of the face and episode of left facial droop which may be migraine. The imaging and the neurological examination today is reassuring and there is no evidence at this stage for a serious neurological issue. Patients have described functional neurological symptoms after vaccination which can be very disturbing at the time.

She might benefit from a low dose amitriptyline 5-10mg orally nocte. She would benefit from mindfulness or meditation techniques as this will help her with the "heart racing and feeling of collapse". She says she finds this difficult and just prefers to walk in nature but these strategies may help her manage her heart rate and shortness of breath symptoms.

She might consider the new iwatch technology which can measure her HR and do an ECG and can call emergency services when isolated on the farm. This would at least enable her to monitor her symptoms and use relaxation techniques if needed and avoid ambulance transfers.

The mildly raised AST and ALT may have been related to muscles rather than liver enzymes. CK not checked at the time.

I suspect the liver ultrasound will be normal.

I have arranged to check her LFT, CK, FBE and early morning cortisol and we can review in a few weeks.

Hopefully Elizabeth feels reassured by the normal clinical assessment and investigations to date.

Yours sincerely,

<<Authorised and electronically signed>>

A/Prof Katrina Reardon MBBS PhD FRACP Provider 065064DA
Neurologist & Electromyographer

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