

RHEUMATOLOGY ACT

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24th January 2024

Dr Ahmed Khan
Cardiologist
Suite 8/12 Napier Close
DEAKIN ACT 2600

Dear Dr Khan,

Re: Mr Romen SAVESK
Unit 6/114 Barr Smith Avenue, Bonython ACT 2905
Birth Date: 6th January 1987
REVIEWED ON 24/01/2024

Background

1. Severe post-COVID vaccination side-effects.
2. Episode of chronic fatigue post-viral infection – full recovery after five years with dietary change.
3. Likely immune-related cardiac complications – pericarditis/pericardial effusion noted one year after symptoms (MRI).
4. Pigmented purpuric dermatosis – most likely part of the vaccine reaction syndrome.

Medications

Cannimed cannabis oil – 10 1ml bd, Colchicine 0.5mg daily, Melatonin 5mg nocte, Oxycodone 5mg prn, Sumatriptan (yet to trial).

Previous drugs causing side-effects

Modafinil, Amitriptyline

Thank you for asking me to see Romen, a 37-year old who has worked in the Department of Health for nine years and was working full-time until five months ago.

He presents with a vaccine reaction to the COVID vaccine from 18 September, 2021 when he received his first dose of mRNA vaccine.

He has had fairly quick onset multiple symptoms including palpitations, chest pain, vertigo, nausea, tinnitus, hyperacusis, blurry vision, light sensitivity, irritability, chronic fatigue, muscle weakness, insomnia, unrefreshed sleep, dizziness, shaking, headaches, cognitive decline/brain fog, memory loss, muscle twitching, all over body pain, numbness, paraesthesia, loss of appetite, recurrent skin rashes which have been biopsied, exercise intolerance, sore teeth, breathlessness and a weak voice.

Out of these multiple symptoms, the main issue seems to be stabbing heart and palpitations followed by cognitive decline, tinnitus, brain fog and migraines.

He was quite despondent about not being believed nor being able to get any help from his workplace with regard to long-service leave.

His function is very poor and even his relationship with his partner is suffering due to multiple symptoms. They were planning to have children but those plans have been put on

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hold for now. So far, Prednisone has made symptoms worse. Modafinil and Amitriptyline caused side-effects and were unable to be tolerated.

He is a never smoker who does not drink alcohol. There is no family history of fibromyalgia, chronic fatigue or any vaccine reactions.

On examination, he was struggling to keep his eyes open due to the brightness in the room. There were patches of erythematous rash along with some post-inflammatory pigmentation. The rest of the examination was unremarkable.

I note a cardiac MRI one year after the event has shown a small pericardial effusion. Apart from the biopsy-positive skin rash showing a pigmented purpuric dermatosis, I assume his bloods have been unremarkable.

As I dictate this letter, I realise that I have not sighted all his blood tests and will organise my own if any of the immune markers have been missed.

Impression and Management Plan

I spoke to Romen at length today. I have set his expectations to realistic ones given that some of these symptoms are unable to be treated. The reason for having an appointment with me was to determine whether it is reasonable for him to have immunosuppression which can sometimes improve the cardiac symptoms with regard to an immune reaction to COVID vaccine. I have offered him either Hydroxychloroquine or Mycophenolate but Hydroxychloroquine would be my preference given the mild nature of the drug itself. However, I cannot guarantee that he will not have severe side-effects given that he has had severe side-effects with fairly mild medicines in the past.

I have emphasised that some of the fibromyalgia-like symptoms will not improve with the immune medications.

It is curious to see presumably somewhat inflammatory skin disease start after the vaccine as well.

I remain hopeful that he improves on Hydroxychloroquine but I am happy to trial him on Mycophenolate and/or Azathioprine as I have had good results with immune-related heart disease after COVID and COVID vaccination in the past.

I am more than happy to see him in the next few months. He was keen to wean off Colchicine and perhaps trial Ivermectin. I have emphasised to him that each medication needs to be trialled in isolation not to confuse any side-effects or beneficial effects of each medication.

Romen has very poor function at the moment and I do not think he will be able to work for the next 12 months. If it is possible, strong consideration should be given to grant him long-service leave. For reference, his Rapid 3 score was 5.2 (high severity), HAP13 of 12, pain scores of 64/100, FACIT fatigue score of 12 (severe).

Many thanks for your referral.

Yours sincerely

Dr Suren Jayaweera
Rheumatologist

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CC: Dr Melissa McCann