

中文題目：某新冠病毒疫苗與腋下淋巴結腫大之案例分析

英文題目：Left axillary lymphadenopathy after COVID-19 vaccination

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【前言】 Under TFDA-approval and mass vaccination of COVID-19 vaccines are prompting by CDC-TW since this March, variable vaccine related adverse events were reported. Axillary nodes enlargement is seldom advocated after Moderna vaccine injection as known. As the unilateral axillary adenopathy includes variable illness .If the abnormal adenopathy persists on following-up imaging, biopsy may be recommended to exclude underlying malignancy or other possibility.

【材料與方法】 Presentation:

This 64 y/o female with no systemic disease was admitted to our ward due to As post –vaccination(moderna) and Lt axilla swelling with freely palpable mass since 2 weeks ago. According to her statement, she received Moderna vaccination on 110/8/12. Then she suffered from left axilla pain since 8/19. The node was tenderness and movable. Neither fever, weakness nor other obvious discomfort, body weight loss or general malaise were complained. No animal contact or cluster contact were noted. She ever went to OPD with oral medication control. The painful node was subsided later. Due to above condition, she went to OPD for follow up. The conscious was clear. Vital signs showed BT:36.3C PR:62 RR:28, BT:129/75. PE :found left axilla movable node, around 0.2cm in diameter, non-tenderness; no neck lymphadenopathy was noted. The lab survey was generally within normal range .except mild hyperglycemia. CXR disclosed no active lung lesion. Ultrasound sound of Lt axillary lymph node revealed: one 16 mm, the other 9 mm lymphadenopathy. Under the impression of Lymphadenopathy of left axillary, she was arranged Lt axillary lymph node excision for furtherly diagnosed.

【結果】 Her blood routine :W.B.C 5800 N-Seg: 53.7%Lymph:33.2%Baso:2% eosin:3.9% MONO7.2% Hemoglobin: 13.1 Platelet:192000

Lymph node, left axillary, excisional biopsy ---- Reactive hyperplasia, mixed pattern (0/7).GROSS FINDING: The specimen submitted consisted of 2 pieces of gray yellowish, soft toelastic tissue, up to 3.3x2.5x0.8 cm, fixed in formalin. Several tinynodules are noted on dissection.All for section. Microscopically, it shows 7 lymph nodes measuring up to 1.0x0.6x0.5 cm insize with preserved architecture composed of enlarged mature follicles incortical areas and distended interfollicular areas, demonstrated by theimmunostains of CD20, CD23 and CD3; the CD68 shows focal infiltration ofhistiocytes in sinusoids and follicular centers; the cytokeratin shows no neoplastic epithelial cell.

【結論】 There are many possible causes of axillary lymphadenopathy including:

local infection: inflammation: vaccination: autoimmune lymphoma or other metastatic malignancy. Adenopathy related to recent vaccination status is not an uncommon benign etiology resulting in unilateral axillary adenopathy and has been well-documented following vaccination history.