

Antinuclear Antibody Positive Pericarditis After mRNA Vaccination

Autoimmunity Described after First Dose BNT162b2 (Pfizer/BioNTech)

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*The antinuclear antibody is a well-established laboratory test to detect forms of autoimmune diseases including systemic lupus erythematosus and rheumatoid arthritis. **Chen et al have described a 23 year old woman who developed pericarditis 10 days after the Pfizer vaccine.** Symptoms did not resolve with colchicine and non-steroidal anti-inflammatory agents. The ANA blood test was found to be positive at a high titer. She responded well to the addition of corticosteroids.*

The important point of this case is that a positive ANA can accompany COVID-19 vaccine induced myopericarditis. When it is present it may be a signal of steroid-responsiveness.

Acute Pericarditis with High Anti-Nuclear Antibody Titers Following BNT162b2 mRNA COVID-19 Vaccination

Yi-Sheng Chen,¹ Yen-Wen Wu,^{1,2,3} Chun-Hsien Chiang^{1*} and Heng-Hsu Lin^{1*}

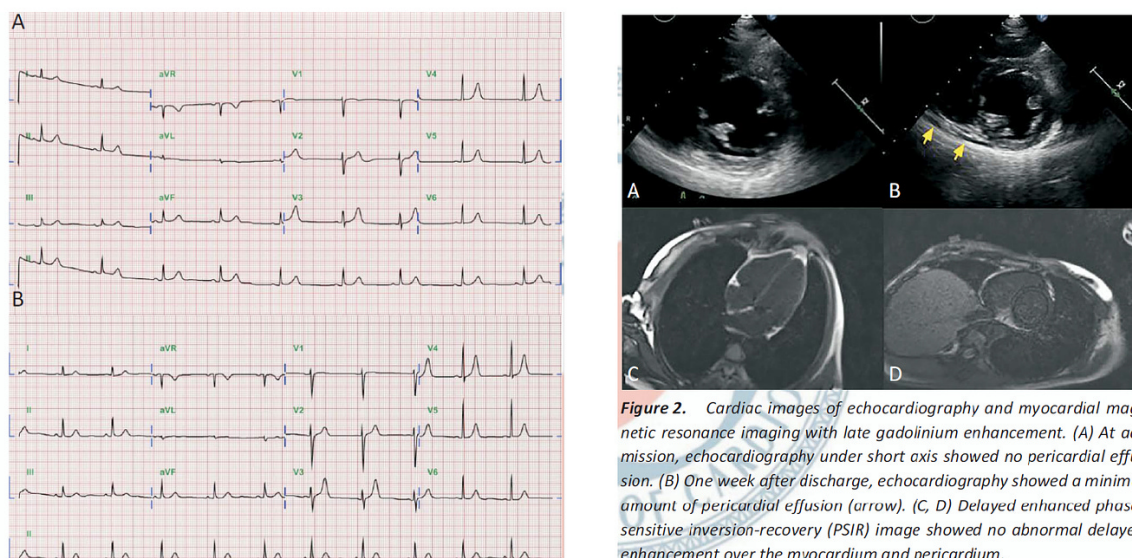


Figure 2. Cardiac images of echocardiography and myocardial magnetic resonance imaging with late gadolinium enhancement. (A) At admission, echocardiography under short axis showed no pericardial effusion. (B) One week after discharge, echocardiography showed a minimal amount of pericardial effusion (arrow). (C, D) Delayed enhanced phase-sensitive inversion-recovery (PSIR) image showed no abnormal delayed enhancement over the myocardium and pericardium.

Table 1. Serology studies for autoimmune disease on hospital day 1

| | Reference | Unit | Value |
|----------------------|-----------|-------|-----------------------------|
| ANA | - | - | Positive (1:640) |
| ANA pattern | - | - | Nuclear dense fine speckled |
| Anti-dsDNA | < 10 | IU/mL | 1.1, Negative |
| Anti-cardiolipin IgG | 0-10 | U/mL | 1.7, Negative |
| Anti-β2-GP1 IgG | 0-7 | EU/mL | < 0.6, Negative |
| Anti-Sm antibody | < 100 | AU/mL | 25, Negative |
| Anti-RNP | < 100 | AU/mL | 18, Negative |
| Anti-Ro antibody | < 100 | AU/mL | 13, Negative |
| Anti-La antibody | < 100 | AU/mL | 13, Negative |
| C3 | 87-200 | mg/dL | 118.9 |
| C4 | 19-52 | mg/dL | 22.3 |

ANA, antinuclear antibody; Anti-dsDNA, anti-double stranded DNA; Anti-RNP, anti-ribonucleoprotein; Anti-Sm antibody, anti-Smith antibody; Anti-β2-GP1, anti-beta2-glycoprotein 1; IgG, immunoglobulin G.

Chen YS, Wu YW, Chiang CH, Lin HH. Acute Pericarditis with High Anti-Nuclear Antibody Titers Following BNT162b2 mRNA COVID-19 Vaccination. Acta Cardiol Sin. 2022 Nov;38(6):784-787. doi: 10.6515/ACS.202211_38(6).20220522A. PMID: 36440237; PMCID: PMC9692212.

Nourelidine et al have reported on 101 subjects with no history of autoimmune disease but with 18% having a family history of autoimmunity. The overall rates of positive ANA tests at low titers was the same before and after serial mRNA injections. However, in the cases where new positive tests were observed after vaccination, the specific test that turned

positive was the antiphospholipid antibody which is related to blood clotting disorders.

In conclusion, there is a growing literature that mRNA and WIV Spike protein production in some recipients of genetic COVID-19 vaccines results in positive laboratory tests indicating autoimmunity. The long-term implications for emerging rheumatologic problems (pericarditis, arthritis, hepatitis) after repeated COVID-19 vaccinations are unknown. There should be a strong push to study autoimmune illnesses that emerge as a result of COVID-19 vaccination.

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Sources

[Chen YS, Wu YW, Chiang CH, Lin HH. Acute Pericarditis with High Anti-Nuclear Antibody Titers Following BNT162b2 mRNA COVID-19 Vaccination. Acta Cardiol Sin. 2022 Nov;38\(6\):784-787. doi: 10.6515/ACS.202211_38\(6\).20220522A. PMID: 36440237; PMCID: PMC9692212.](#)

[Noureldine HA, Maamari J, El Helou MO, Chedid G, Farra A, Husni R, Mokhbat JE. The effect of the BNT162b2 vaccine on antinuclear antibody and antiphospholipid antibody levels. Immunol Res. 2022 Dec;70\(6\):800-810. doi: 10.1007/s12026-022-09309-5. Epub 2022 Aug 18. PMID: 35978253; PMCID: PMC9385410.](#)

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