

Seattle Children's Hospital Study Finds Persistent Heart Abnormalities in Teens Following Second Pfizer Shot

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A peer-reviewed, follow-up study published March 25, 2022 in the Journal of Pediatrics showed more than two-thirds of adolescents with COVID-19 shots related myopericarditis had persistent heart abnormalities months after their initial diagnosis.

Researchers at Seattle Children's Hospital reviewed cases that occurred between April 1, 2021 and Jan. 7, 2022, of patients younger than eighteen who came to the hospital with chest pain and an [elevated serum troponin](#) level within one week of receiving a second dose of the Pfizer shot.

A total of thirty-five patients with the diagnosis of myopericarditis associated with Pfizer COVID-19 mRNA vaccine were followed at this institution. Twelve patients were excluded as they never had CMR [Cardiac magnetic resonance imaging, also known as MRI] due to delayed presentation after initial symptoms resolved or admission to other centers. Six patients were excluded as they did not have a follow up CMR, either because they followed up out of state or a study is still pending. One patient was excluded as initial CMR was performed three weeks after presentation. Sixteen patients who had both acute phase and follow-up CMR available for review comprised the final cohort. This group had a median age of fifteen years.

The authors used Electrocardiograms and Cardiac Magnetic Resonance (CMR) to examine abnormalities in the heart such as myocardial scarring, fibrosis, strain, and reduced ventricular muscle extension, which can be associated with reduced capacity to pump blood and increased risk of heart attack.

The authors found that, although there was some measure of resolution after three to eight months, most subjects still had some persistent abnormalities. The end of the first paragraph of the discussion section reflects this:

“Although symptoms were transient and most patients appeared to respond to treatment (solely with NSAIDS), we demonstrated persistence of abnormal findings on CMR at follow up in most patients, albeit with improvement in extent of LGE (a measure of the heart’s capacity to pump efficiently).”

Two paragraphs later, the authors warned:

“The presence of LGE is an indicator of cardiac injury and fibrosis and has been strongly associated with worse prognosis in patients with classical acute myocarditis. A meta-analysis including 8 studies found that presence of LGE is a predictor of all cause death, cardiovascular death, cardiac transplant, rehospitalization, recurrent acute myocarditis and requirement for mechanical circulatory support.”

The discussion section offers another point to consider:

“This study has certain limitations. Patients who did not seek medical attention during acute illness or did not present with significant symptoms and require hospitalization were not captured, and their disease course may be different. Incomplete CMR data on other patients precludes extrapolation of our CMR findings to all who experienced mRNA vaccine-related myopericarditis. In addition, follow-up CMR timeframes varied from patient to patient making it difficult to predict the timing of CMR changes over time. The total number of patients reported is small, limiting ability to draw conclusions about the effect of treatment modalities or to generalize regarding outcomes of vaccine-associated myopericarditis.”

Washington Children’s Adverse Reactions to COVID-19 Shots

The hottest COVID-19 topic for the first three months of 2022 in Washington has been [the upcoming Board of Health April 13 meeting concerning adding COVID-19 shots to daycare and school entry requirements](#). A prevailing public objection to this mandate stems from the children’s adverse reactions thus far from the shots.

The latest data from the Vaccine Adverse Event Reporting System (VAERS) on the Center for Disease Control and Prevention (CDC) web site reflects this concern. The latest report covers the adverse reactions submitted between Dec. 14, 2020, and March 25, 2022.

The data included forty-eight reported deaths the United States and its territories for 5- to 17-year-olds. Two of those deaths occurred in Washington:

VAERS ID: [2152560](#) Thirteen days after taking a first Pfizer COVID-19 shot on February 3, 2022, a seven-year-old boy became lethargic and listless. He vomited on his way to the emergency department. He proceeded to a shocked state and went into cardiac arrest. He was not able to be resuscitated and died in the emergency department. In the section for pre-existing conditions, the VAERS report shows: “None. Primary care visit in 2021 showed BMI 62.”

VAERS ID [1828901](#) was a seventeen-year-old girl with no preexisting conditions. She had very mild symptoms of COVID-19 in August and fully recovered. She took her first Pfizer shot for COVID-19 on September 3, 2021 and her second jab on September 15. She was feeling completely well until October 23, 2021 when she reported to the hospital emergency room with chest pains. The Cardiac cath lab was activated, and she was about to be transported when she suffered cardiac arrest. Initial rhythm was VT. She received ACLS protocol CPR x

65 minutes including multiple cardioversions, amiodarone, lidocaine, magnesium, and other antiarrhythmics. She was not able to be resuscitated and died. Cause of death was possible acute myocarditis.

U.S. VAERS data show [68 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death. One such case was reported in Washington. VAERS ID [1394280](#) was a 12-year-old female with a write-up of “Anaphylaxis, trouble breathing, throat swelling.” Her symptoms were listed as follows: [Anaphylactic reaction](#), [Dyspnoea](#), [Pharyngeal swelling](#).

U.S. VAERS data for 12- to 17-year-olds show [650 reports](#) of myocarditis and pericarditis. Washington has reported forty-two such cases. Below is the age breakdown.

12 Years Old

VAERS ID [1592534](#) female with the following submitted write-up on August 18, 2021: Two days after getting first dose of Pfizer COVID vaccine, patient developed shortness of breath at night when trying to lie flat. Initially attributed to anxiety or possibly asthma and so did not seek care until 9 days later. Continues to report shortness of breath when lying flat, chest tightness, occasional chest pain with radiation to back. Pain improves with sitting forward. No dyspnea on exertion.

VAERS ID [1855572](#) male has onset four days after June 7 Pfizer shot and is then hospitalized for four days. Submitted write-up: Myocarditis with elevated troponins and mildly decreased cardiac function on echocardiogram. He was treated with steroids, IVIG, Lisinopril

VAERS ID [1926072](#) female with the onset two days after the Pfizer shot on July 30, 2021 with the following write-up from the doctor’s visit: Chest pain consistent with pericarditis, incessant.

13 Years Old

VAERS ID [1386366](#) female with a reported onset on the day after taking the June 6, 2021 shot. Submitted write-up: Myalgias and low grade fever on first day. Chest pain requiring ER visit on second day. Exam, ECG, lab work, echo consistent with pericarditis.

VAERS ID [1855286](#) male with a reported onset on the same day of the Pfizer shot on June 21, 2021. The following is the submitted write-up: Patient had shortness of breath and decreased exercise tolerance after second dose of Pfizer Covid vaccine. There was a bump in troponin and some mild chest pain. Symptoms has resolved and troponin normalized. Echocardiogram is reassuring with no signs of myocarditis or pericardial effusion. Based on presentation, he likely had mild myopericarditis secondary to COVID-19 vaccine. He is already back to his baseline activity level without any concerns.

14 Years Old

VAERS ID [1408000](#) male diagnosed with myocarditis four days after his June 13, 2021 Pfizer shot.

VAERS ID [1415290](#) male with the following submitted write-up: Fever and chills onset

twelve hours after shot. Then chest pain radiating to axilla worsening with exertion with associated orthopnea onset 6/18, aprx two days after shot. Admitted on 6/20/21 with elevated troponin to 16, with suspected covid vaccine related myocarditis. He is getting IVIG and ketorolac. Pt is stable now without any EKG interval changes, EKG sinus tachy with left axis deviation.

VAERS ID [1837013](#) male with a submitted write-up from his parent on November 2, 2021 that ends as follows: We ended up having to follow up with a cardiologist and when we describe the event she determined based on what she had seen in other patients and that the ibuprofen stopped the symptoms that it is likely he had myocarditis as a result of the second vaccine.

VAERS ID [2082967](#) male with the following submitted write-up: Chest pain. Found to have myocarditis Cardiology consulted Received IVIG on 1/31.

15 Years Old

VAERS ID [1334563](#) male with the following write-up. Received vaccine on 5/14 around 6 pm. Started noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17 subsequently admitted to PICU with intermittent chest pain and elevated troponin in the setting of recent Covid vaccination as well as a history of WPW status post ablation with recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment changes and has elevated troponin, which likely points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain.

VAERS ID [1395260](#) female with the following submitted write-up: Has signs of myocarditis with pain near her heart and a pressure in her chest with breathing that feels a bit labored with deep breaths, but she isn't experiencing difficulty breathing. She complained of the symptoms on Thursday morning and then we saw on the news that night that this was a newly discovered side effect for younger patients receiving the vaccine. She has not met with the doctor yet because she didn't want to miss final tests at school and the offices were closed for the weekend. However, we have been monitoring her closely and had hoped it would disappear by now, but we will be seeking treatment tomorrow since it has not gotten worse, but it also hasn't improved after four days of rest.

VAERS ID [1397025](#) male developed chest pain with elevated troponin levels two days after receipt of his second Pfizer shot, which was on June 10, 2022. He was admitted to the hospital with the diagnosis of myocarditis.

VAERS ID [1410403](#) male diagnosed with myocarditis three days after his June 15, 2022 Pfizer shot.

VAERS ID [1411034](#) male with an EKG elevated troponin level and diagnosis of myocarditis one day after receiving a June 15, 2021 Pfizer shot.

VAERS ID [1415476](#) male hospitalized for one day after June 16, 2021 injection. After a long listing of diagnostic lab data the write-up only states, "Chest pain, elevated Troponin I."

VAERS ID [1417159](#) with the following submitted write-up: 15-year-old male with history of asthma who presented to the ED on 6/5 with pleuritic chest pain and shortness of breath and admitted for further evaluation and management for suspected COVID vaccine

associated myocarditis. Elevated troponin levels peaked 9.12 on 06/06/21, but on discharge decreased to 0.51. Pleuritic pain was also improved on 6/8. Echo demonstrated mild tricuspid valve insufficiency and trivial pulmonary valve insufficiency, but otherwise normal function. EKG on 06/06 with nonspecific T-wave abnormality, likely related to myocarditis. Follow EKG was stable from 6/6. Cardiac MRI was read preliminarily and had evidence of edema, but good LV function and an LVEF of 61%.

VAERS ID [1417660](#) male has the onset listed for the same day as his June 18, 2021 Pfizer injection. Submitted write-up: Presented with chest pain, elevated troponin, and diffuse ST segment elevation. Found to have myocarditis with decreased LV function. Now status post IVIG and is receiving steroids.

VAERS ID [1434274](#) male has an onset listed for the day after his June 25, 2021 Pfizer shot. He is hospitalized for four days before the following submitted write-up: Post COVID-19 immunization myocarditis.

VAERS ID [1855566](#) male with the onset occurring three days after first Pfizer shot on July 24, 2021 with the following write-up: Myocarditis, presenting with chest pain and positive troponin and cardiac MRI meeting diagnostic criteria with LGE and T2 edema.

VAERS ID [2166262](#) of a female who took the Pfizer shot on November 30, 2021. Onset began on December 6. The case was entered into VAERS on March 8, 2022 with the following submitted write-up: 15 year old F without prior HX of heart condition, chest pain, or dyspnea, with onset of intermittent recurrent chest pain and dyspnea, starting 1w after her dose #2 of Pfizer Covid-19 vax. Chest pain symptoms duration 30m to several hours, with pain up to 8/10 = squeezing/sharp/aching, central deep chest, and sometimes associated with dyspnea. Individual is an athlete, and symptoms worsened late basketball season during State Championship, with worsening Chest pain and increased frequency and duration, to 8/10 pain with significant dyspnea = had to terminate play. Individual's pain worsens with positional change = leaning forward or sitting upright and better with lean backward. C/w Pericarditis = in w/u and tx.

16 Years Old

VAERS ID [1283185](#) male whose onset occurred the day after his April 30, 2021 shot. Write-up excerpt: STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending.

VAERS ID [1284476](#) male got his first Pfizer shot April 30, 2021. By the next morning, he experienced non-bilious emesis for a few hours, as well as fever, chills, body aches, and HA. The body aches and HA continued through the day when he began experiencing chest pain while lying down. Chest pain improved on sitting up, standing, sitting forward. The report lists over thirty symptoms, including myocarditis.

VAERS ID [1334612](#) male with the following submitted write-up: Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000 (nl less than 50). D-Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated.

Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.

VAERS ID [1396550](#) male diagnosed with Acute Myocarditis with chest pain and elevated troponin (peak level 27) occurring 3 days after second Pfizer shot. He was treated with Ketorolac and morphine, clinically improving at the time of report.

VAERS ID [1450925](#) male with an onset occurring two days after his July 1, 2021 second Pfizer shot. Submitted write-up: Patient developed myocarditis with peak troponin of 6.4, normal echo. He required hospitalization for evaluation and management of pain.

VAERS ID [1515018](#) male with the following write-up fourteen days after taking his first Pfizer shot on June 5, 2022: Chest pains, hard at breathing, high blood pressure, swollen lymph nodes, swollen sinus glands, pericarditis.

VAERS ID [1535464](#) male with an onset three days after his first Pfizer shot. The write-up reads, "Chest pain with EKG changes and elevated troponin consistent with myocarditis."

VAERS ID [1865909](#) male developed chest pain three days after his June 15, 2021 Pfizer shot confirmed as myocarditis. He was managed with high dose steroids and IVIG.

VAERS ID [1954762](#) male with the onset occurring four days after December 6, 2021 Pfizer shot. The submitted write-up: Muscle cramping, EKG shows pericarditis.

VAERS ID [2051037](#) male with the following submitted write-up: Patient had episode of pericarditis with effusion in June 2021, two weeks after second dose of Pfizer vaccine; recurrence in October but related to COVID infection with pleural effusion consistent with MIS-C. Had been on colchicine at time of this episode.

VAERS ID [2099357](#) male with onset one day after February 6, 2022 Pfizer shot. The following is the submitted write-up: Pericarditis, IVIG- had chest pain, fatigue, SOB onset aprx 12-24 hours after shot. Presented to urgent care- EKG remarkable for pericarditis and troponin elevated. IVIG started once troponin ≤ 10 (peaked at 12). Downtrended after one bag. Echo shows no wall motion abnormalities. Completing daily ekg- so far unchanged from admission. Plan for discharge once troponin < 3 and will follow up with cards for evaluation for stress test, holter and repeat echo.

17 Years Old

VAERS ID [1344363](#) male, who, two days after his second Pfizer shot on May 23, 2021, experienced acute onset chest pain: 8/10 at the time. The patient was diagnosed with acute pericarditis at that moment.

VAERS ID [1365543](#) male with a write-up of "myopericarditis." Symptom listed was myocarditis. He received his shot on May 29, 2022. His onset occurred on June 1, 2021.

VAERS ID [1376892](#) male with the following submitted write-up: Patient presented to Urgent Care and then was sent to the ED for evaluation. Found to have pericarditis on EKG. Labs including troponin reassuring. Patient discharged home with referral to Cardiology for outpatient follow up.

VAERS ID [1392137](#) male with an onset one month after receiving the May 1, 2021 shot.

Submitted write-up is "Pericarditis."

VAERS ID [1395988](#) male with the following submitted report: He had the second shot, had very mild headache, and then woke up approx 48 hours after 2nd dose, complaining that his "chest hurt." I asked him to explain the "hurt." He said his chest felt tight, heavy pressure, like weight on his chest, uncomfortable. He said it went away after a few days... I didn't realize the inflammation of the heart was a side affect, until I recently heard that was coming up, so I put 2 and 2 together, and thought I had better report.

VAERS ID [1400396](#) male with chest pains three days after his June 10, 2021 shot. After reporting to the emergency room, he was diagnosed with Acute idiopathic myocarditis and had an elevated Troponin level.

VAERS ID [1417176](#) male with the following submitted write-up: 16-year-old male with history of familia hyperlipidemia and Lp(A) with onset of chest pain 2 days after Pfizer vaccine. Had headache, fever, chills after vaccine. Short admission, responded well to NSAIDS and discharged for follow up with cardiology with a mild case of myocarditis. Serum IgG for COVID19 also negative.

VAERS ID [1493918](#) male diagnosed with pericarditis. Onset occurred fifteen days after taking second May 18, 2022 Pfizer jab.

VAERS ID [2051161](#) male with the following January 20, 2022 submitted write-up: Myopericarditis following Pfizer booster.

VAERS ID [2157941](#) of a male who received the shot on February 26, 2022. The onset of myocarditis began on March 2. The report, submitted two days later, mentioned "ST elevation, chest pain" in the write-up.

U.S. VAERS data for 12- to 17-year-olds show [165 reports](#) of blood clotting disorders with all cases attributed to Pfizer. Washington has reported two such cases, which are as follows:

1. VAERS ID [1430336](#) for a 14-year-old female. Her onset occurred fourteen days after her injection on May 24, 2021. She was hospitalized for three days. Submitted write-up: Acute idiopathic thrombocytopenic purpura; Iron deficiency anemia due to chronic blood loss.
2. VAERS ID [1840569](#) for a 13-year-old female. Her onset occurred two days after her injection on November 22, 2021. The following is the submitted write-up: Patient developed for purpuric, non blanchable rash on both legs below the knee bilaterally. Twenty-four hours after vaccine, patient developed muscle aches and headache, no fevers. rash developed 1-2 days after vaccine. no abdominal pain, no diarrhea, no joint pain. Patient described rash as itchy. Examination of rash in clinic most consistent with vasculitis vs Henoch-Sch?nlein purpura.

U.S. VAERS data for 5- to 11-year-olds show [17 reports](#) of myocarditis and pericarditis (heart inflammation). One such report was VAERS ID [1951967](#). The reported write-up for the eight-year-old male is as follows: vaccine myocarditis, symptoms 2 days after vaccination, came in the morning of 12/10. CXR and EKG normal, CRP 1.1 (mildly elevated) troponin 7.94 (elevated). Admitted to a local hospital.

U.S. VAERS data for 5- to 11-year-olds show [37 reports](#) of blood clotting disorders. Washington reports three such events:

1. VAERS ID [1874374](#) was a 9-year-old female with dyslexia. The onset occurred on November 7, 2021. The reported write up is as follows: Developed emesis (5+ many episodes), petechia of eyes and face thought due to vomiting the next day.
2. VAERS ID [1996090](#) was a 7-year-old male. His onset began the day he was injected on November 19, 2021 with a bruised and dark arm. A bump under the site soon occurred. On November 21, he was unable to sleep. On November 23, his stomach ached so much that he refused food. More stomach pains continued through December 19 when he was taken to the hospital emergency room. He was told he had a "GI virus" and was dehydrated. On Christmas Eve, he had nose bleeding, a fever, and rolled over in stomach pain. Again, he was taken to the emergency room.
3. VAERS ID [2192216](#) of a 5-year-old male with a submitted write-up on March 22, 2022: Patient developed Henoch-Schoenlein Purpura (HSP) on 1/27/22, beginning with myalgia/arthralgias 16 days after receiving his first COVID-19 vaccine. Family denies any recent/previous viral illnesses prior to onset HSP. Pt had appx 5-6 "waves" of HSP (typical course) with no sig renal involvement. Hospitalized overnight once for emesis/dehydration, experienced typical petechiae/purpura, arthralgias, abd pains but otherwise well.

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