

Author's reply to the Letter to the Editor from Mungunpantipantip and Wiwanitkit

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Dear Editor,

I read with interest the letter by Mungmunpantipantip R. and Wiwanitkit V. about our reported case of a livedoid reaction to the second dose of mRNA COVID-19 vaccine. I agree with their saying that because of the minimal information on the health and immunological status of vaccine recipients prior to inoculation, determining the precise etiology of a clinical problem may be difficult, and a clinical comorbidity could be the source of the problem detected by the COVID-19 vaccine. Eventually, they suggested that the livedoid reaction described could be attributable to an asymptomatic COVID-19 infection at the time of vaccination. However, we clearly reported that the patient repeatedly tested negative in the early period before and after the vaccination¹. Even with the caveat that rapid antigenic tests yield a high specificity but suboptimal sensitivity, repeated testing should be taken as reasonably reliable of the patient's immunologic status. Moreover, even if sparse, there is increasing evidence in published literature that a reaction with clinical appearance of livedo reticularis could be part of the spectrum of skin reactions to COVID-19 vaccine, both with BNT162b2 mRNA vaccine such as in our case², with the other mRNA vaccine by Moderna company³ and also with the AstraZeneca/Oxford (ChAdOx1) vaccine which implies another mechanism of action^{4,5}. Therefore, we stand with our interpretation of the case, at the same time being aware of the challenges in clinico-pathological correlation in such cases.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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None.

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