



COVID-19 Vaccine Related Cervical Radiculitis and Parsonage-Turner Syndrome: Comment

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Dear Editor, we would like to share ideas on the publication “COVID-19 Vaccine Related Cervical Radiculitis and Parsonage-Turner Syndrome: Case Report and Review of the Literature” (1). A number of diagnostic concerns are brought up by the case report of the 40-year-old man who had scorching pain and weakness in his right upper extremity after receiving the Pfizer-BioNTech COVID-19 vaccine. At first, the symptoms seemed to fit the description of Parsonage-Turner Syndrome, also called neuralgic amyotrophy, which is characterized by sudden pain and paralysis in the shoulder girdle and upper limb. Cervical radiculopathy was diagnosed as a result of the later MRI findings, which revealed vs multi-level central and foraminal stenosis, raising the possibility of a diagnostic error or confounding in this instance.

The difficulties in accurate diagnosis of Parsonage-Turner Syndrome are underscored by the errors and misleading outcomes of routinely used diagnostic imaging techniques. The diagnostic process might have been more difficult due to variable more difficult by the variable clinical presentations and possible overlaps with other neurological disorders, like cervical radiculopathy. Given the MRI results in this instance, it's possible that the original misinterpretation of the symptoms-which pointed more toward cervical spine pathology than brachial plexus involvement-might influenced the decision to move on with a laminoforaminotomy.

This instance is made more special by the fact that the symptoms were reportedly first observed after the vaccine, as neuralgic amyotrophy has been known to develop following vaccinations. Further research and careful attention in the differential diagnosis are necessary in light of the possible link between vaccinations and the onset of Parsonage-Turner

Syndrome. It is crucial that medical professionals be aware of this potential risk and be vigilant for symptoms and ask patients who appear with symptoms suggestive of neuralgic amyotrophy particularly in patients with recent immunization history recent immunization history.

Going forward, it will be critical for medical professionals to investigate more precise and sensitive methods of assessing brachial plexus pathology and to take into account the limitations of conventional diagnostic imaging modalities in the evaluation of Parsonage-Turner Syndrome. Clinicians can enhance their diagnostic strategy and treatment of patients with comparable presentations by applying the knowledge gained from this case report and the body of research on neuralgic amyotrophy. This is especially true in situations where atypical features or confounding factors could mask the underlying pathology.

AUTHORSHIP CONTRIBUTION

The authors (HD, VW) confirm responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

REFERENCES

1. Taylor ZC, Nunna RS, Tran A, Costa M, Gruber M, Godolias P, Litvack Z: COVID-19 vaccine related cervical radiculitis and parsonage-turner syndrome: Case report and review of the literature. Turk Neurosurg 34:367-375, 2024. <https://doi.org/10.5137/1019-5149.JTN.44533-23.2>.