

To Prof. Kovy Arteaga-Livias, MSc  
Editor in Chief of Microbes, Infection and Chemotherapy  
Universidad Nacional Hermilio Valdizán – Perú

Brasília-DF, February 24<sup>th</sup>, 2023

Dear Editor,

I am sending to Editorial consideration the reformatted version of the manuscript: **Granulomatous mesenteric lymphadenitis after three doses of COVID-19 vaccine**, now prepared as a Letter to The Editor. The amendments suggested by the Reviewers are presented in red font highlighted in yellow.

**Abstract** (lines 1-2; and 7-9):

Lymphadenopathy related to vaccination has been reported as adverse effect of mRNA-based COVID-19 vaccines.

The imaging findings, laboratory determinations, histopathological, and microbiological evaluations raised doubts about the hypothesis of eventual adverse effect of the vaccine. The aim is to call attention about possible rare reactions of SARS-CoV-2 vaccinations.

**Text** (second paragraph, lines 1-2; and 9-10):

Abdominal lymphadenopathy may also occur during multisystem inflammatory syndrome 2-6 weeks after the severe acute COVID-19 infection or vaccination (6).

The main objective of this paper is to comment on a possible and scarcely described complication of COVID-19 vaccination, which manifests as mesenteric lymphadenitis

**Text** (third paragraph, lines 15-17):

Both the Mantoux test and the QuantiFERON TB Gold IGRA test were non-reactive; nevertheless, following the Infectologist opinion, he underwent the schedule of isoniazid and rifampicin for 6 months, plus pyrazinamide and ethambutol during the first 2 months.

**Text** (6th paragraph, complete):

In the present case, the manifestations started five days after the third dose of the Pfizer-BioNTech vaccine, differing of the majority of the reported patients, who had lymphadenitis  $14.5 \pm 11.0$  days after receiving the first dose of this same kind of vaccine; besides, the granulomatous reaction has been uncommon, described in 5.4% of cases (2).

**Text** (7th paragraph, complete):

Reports of vaccine-associated lymphadenopathy have been more common, with case studies including histopathology and imaging correlation and hypermetabolic lymph nodes may be found distant of vaccine site, including the abdomen. Careful control of immunized people is needed, mainly because the vaccines are administered to children. In the present case, although with the time relationship, there is no conclusive evidence confirming a causal relation between the mesenteric lymphadenitis and the vaccination. Additional concerns are on scarce data of complete necropsy studies, and the possibility of under detected or underreported cases of abdominal lymphadenitis in COVID-19.

**References)**


The presentation of all them was changed, strictly following the guidelines.

**Author contributions.** The authors confirm contribution to the paper as follows: study conception and design: Vitorino M. dos Santos, Lister A. M. dos Santos, Laura C. Modesto, Julia C. Modesto; data collection: Vitorino M. dos Santos, Lister A. M. dos Santos, Laura C. Modesto, Julia C. Modesto; analysis and interpretation of results: Vitorino M. dos Santos, Lister A. M. dos Santos; draft manuscript preparation: Vitorino M. dos Santos. All authors reviewed the results and approved the final version of the manuscript. All authors agreed to be responsible for all aspects of the work to ensure the accuracy and integrity of the published manuscript.

**Ethical Statement:** For the presentation of this letter, we had the approval and informed consent of the patient.

With the amendments considered accepted, we hope that the version can be approved for editing. Nevertheless, we remain at your disposal.

Waiting to hear from you soon,



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