



Letter

COVID-19 and IgA Vasculitis

To the Editor:

We would like to discuss the article recently published in *The Journal of Rheumatology*, entitled “Immunoglobulin A Vasculitis Following COVID-19: A French Multicenter Case Series” by Ramdani et al.¹ This case series of individuals who developed IgA vasculitis (IgAV) after contracting SARS-CoV-2 describes the formation of IgAV shortly after coronavirus disease 2019 (COVID-19) infection; however, it was unable to completely rule out a coincidental connection between these 2 events.¹ In most patients, the SARS-CoV-2 infection was paucisymptomatic. The authors advised reverse transcription-PCR tests to identify COVID-19 in patients who had no obvious IgAV triggers.¹

Given that comorbidity can be challenging to manage, it is imperative to investigate any potential COVID-19 vaccine issues.² Typically, this is not a good alternative if a clinical problem arises following the vaccination. Before receiving a vaccination, it is crucial to rule out any underlying diseases or comorbidities that may potentially lead to a clinical problem. Patients with SARS-CoV-2 may not be identified because they show no symptoms. If there is a hidden comorbidity, it might be easily mistaken to be a negative effect of the immunization.³ Further, recent research⁴ has associated underlying genetic variance with immune responses to the COVID-19 vaccine among recipients. Future studies should consider the many genetic background elements.

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The authors declare no conflicts of interest relevant to this article.

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