



Short communication

COVID-19 vaccination and low cervical lymphadenopathy in the two week neck lump clinic - a follow up audit

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Abstract

The UK COVID vaccination programme has progressed at an astonishing rate since the first patients received their doses in December 2020. It is well known that other vaccines including influenza and human papilloma virus (HPV) can result in reactive lymphadenopathy in the axilla and/or neck. Patients are now presenting via the two week wait neck lump clinic with supraclavicular fossa and low neck lymphadenopathy related to COVID vaccination, and to similar one stop breast clinics with axillary lymph nodes. In an audit of 80 patients seen over a period of one month, we found COVID vaccine-related low neck lymphadenopathy in four cases (5%), with an additional rectal cancer patient thought to have metastatic disease who presented with a Virchow type node. COVID vaccine-related lymphadenopathy should be considered in the differential diagnosis of low-neck nodes if they occurred shortly after vaccination, but it is important to exclude sinister disease using ultrasound and other investigations as necessary.

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It has been over four months since the first COVID-19 vaccination was administered by the UK National Health Service (NHS) on 8 December 2020.¹ More than 30 million adults in the UK have now had their first dose and close to three million have also received the second dose. The amazing partnership between the NHS and patients will ensure that the number of recipients will increase over the summer months.² Common side effects include general malaise, headaches and tiredness, and soreness at the injection site (deltoid muscle).

Shortly after the COVID vaccine was introduced, we reported two cases of reactive supraclavicular lymphadenopathy following vaccination that presented at the same two-week neck lump clinic.³ Both patients had received the vaccination in the left upper arm and had subsequently

developed supraclavicular fossa lymphadenopathy a few days later that persisted for a few weeks. Ultrasound examination confirming reactive lymph nodes.

Since our report was published, others have published similar findings.^{4,5} As a result of the lymphatic drainage pattern from the arm, axillary lymphadenopathy would be a more likely occurrence^{5,6} with one study reporting how it can mimic breast cancer spread.⁶ Cervical lymphadenopathy is known to occur with other vaccines including influenza and human papillomavirus.^{7,8} Following our report,³ we prospectively audited presentations to the two-week neck lump clinic over a five week period with verified radiology reports on the Trust patient investigation results server (Minestrone). Patients were asked about their neck lump presentation, if they had received a recent COVID-19 vaccination, and if so whether they had also noticed any axillary lymphadenopathy.

A total of 80 patients were seen (16 per week). Four further patients, all of whom had been given a first dose of the vac-

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