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Acute kidney injury after COVID-19 vaccination; Suspicious for rhabdomyolysis

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A 77-year-old female developed nausea, vomiting, and general weakness one day after the second vaccination of BNT162b2(Pfizer BioNTech). Urine was straw color with occult blood 3+ and protein 2+ (498.9 mg/24hr). Laboratory results were blood urea nitrogen(BUN) 113.8 mg/dl, serum creatinine 11.72 mg/dL, creatinine phosphokinase 381.0 U/L, lactate dehydrogenase 427 U/L, and myoglobin 1180 ng/mL. Kidney biopsy showed tubular epithelial necrosis with tubular casts, positive for myoglobin antibody. Lymphocytes and some eosinophils were infiltrated in the interstitium. Glomeruli had no cellular proliferation or crescents. This acute kidney injury maybe caused by myoglobin casts associated with rhabdomyolysis. She received conservative treatment such as hydration. However, azotemia was aggravated and she received hemodialysis.

Rhabdomyolysis occurs due to various causes that induce skeletal muscle injury. The causes include trauma, exertion, drugs, infection, autoimmune disorders, and genetic defects. Recently, rhabdomyolysis caused by COVID-19 infection have been reported. But the pathogenesis was not explained well, yet.