Here we present a 64-year-old female with a significant past medical history for rheumatoid arthritis since she was 10 years old and has been on etanercept (50 mg, weekly) since January of 2021. In April of 2021, the patient received her first series of the Pfizer-BioNTech COVID-19 vaccine, in the first 24 hours after that vaccination, she reported fatigue, headache, but no other significant symptoms. Approximately 1-week post-vaccination, a pruritic rash appeared on her anterior neck and upper chest which resolved over 2-3 days without treatment. Within 24 hours of receiving her 2nd vaccination dose, the pruritis returned to the anterior neck and chest regions along with raised erythematous plaques. Over the next 24 hours, the patient reported that the plaques became more prominent, and the lesions evolved into erosions.

Biopsies & Laboratory Data: Two punch biopsies, basic blood work, and an autoimmune panel were ordered. Histopathological findings demonstrated an interface dermatitis type pattern and a negative direct immunofluorescence pattern. All blood work returned normal, except for detection of anti-Scl 70 antibody, which the patient stated she had never had before.

Diagnosis: 48 hours after the onset of her symptoms, the patient was seen at the clinic. She had erythematous to violaceous papules coalescing into plaques with interspersed secondary erosions distributed over the anterior chest and neck. The anterior neck displayed linear erosions in the neck fold (Figures 1 and 2). Mucosal surfaces were not involved, and no other areas were affected.

Treatment: Prescribed 20 mg prednisone x 5 days and topical clobetasol 0.05% and scheduled a follow up appointment in 2 weeks. Two weeks later the rash had completely resolved, and she was directed for further evaluation by her rheumatologist.

RESULTS

Histopathological findings demonstrated a vascular interface dermatitis, the underlying dermis exhibited a superficial perivascular lymphohistiocytic infiltrate with scattered melanophages and rare eosinophils consistent with a fixed drug eruption (Figure 3 and 4). All blood work results were within normal limits, except for an anti-Scl 70 antibody, which the patient stated she had never had before. At her follow-up in two weeks, her rash had completely resolved, and she was further being worked up by her rheumatologist.