



RE: Regional Lymphadenopathy Following COVID-19 Vaccination in Patients with or Suspicious of Breast Cancer: A Quick Summary of Current Key Facts and Recommendations

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We have gained a broader perspective on the management of unilateral lymphadenopathy due to COVID-19 vaccination from the editorial entitled “Regional Lymphadenopathy Following COVID-19 Vaccination in Patients with or Suspicious of Breast Cancer: A Quick Summary of Current Key Facts and Recommendations” by Chang and Ha, recently published in the *Korean Journal of Radiology* [1].

In this article, the clinical concerns and difficulties of post-vaccine lymphadenopathy were discussed in detail. In addition, the current literature was reviewed systematically to elucidate the facts related to this crucial issue.

In our breast imaging unit, we encountered patients with similar scenarios in Autumn 2021, and the number of

these patients will likely increase after receiving booster doses of the vaccine. Therefore, following the recommended guidelines is essential; however, the recommendations regarding some conditions are still unclear [2,3]. We wish to emphasize these conditions.

The definition of axillary lymphadenopathy is broad; hence, there is no distinction between lymph nodes in cortical thickness, shape, and number. Nevertheless, for instance, lymph nodes with cortical thicknesses of 3 and 6 mm may have different implications. Therefore, the determination of subgroups may be beneficial for reporting and management.

There is no consensus about the follow-up period. However, expert advice and enrichment of possible scenarios may help decide whether a biopsy is to be performed or not. On the other hand, axillary fine-needle biopsies may decrease follow-up examinations and anxiety of the patient. Occult breast malignancies with positive lymph nodes, lymphoproliferative disorders, and granulomatous diseases must be considered in the differential diagnosis.

Finally, we are curious about the daily routine practices of breast radiologists on post-vaccine axillary lymph nodes. We propose that such discussions will contribute to the evaluation of recommendations.

Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

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