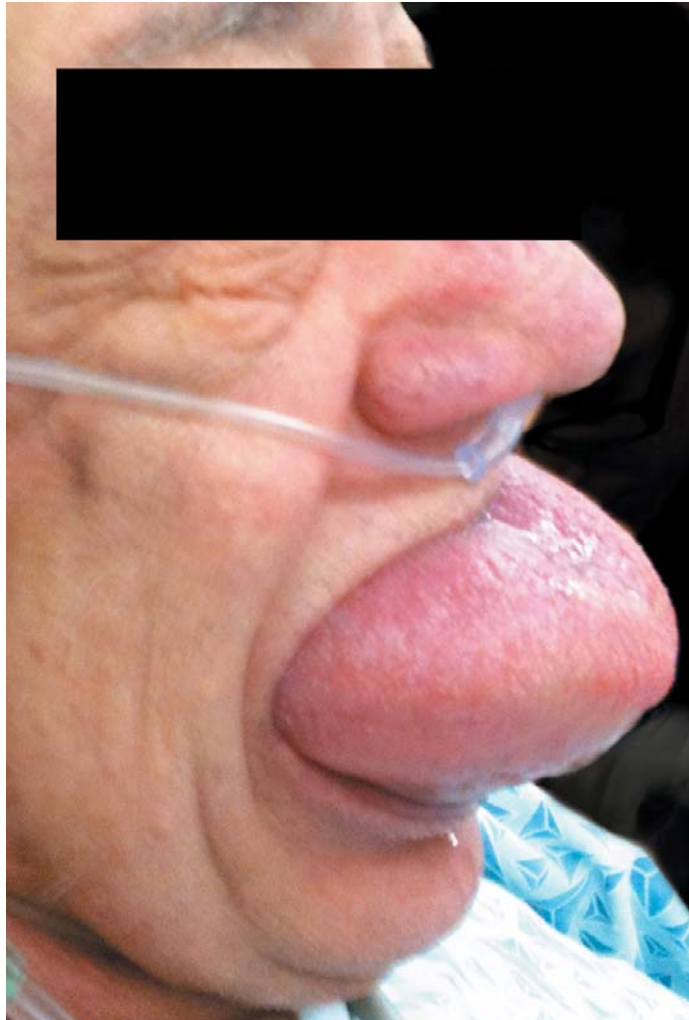


IMAGES IN CLINICAL MEDICINE

Angioedema



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A 71-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH RAPIDLY PROGRESSIVE TONGUE swelling during the previous 5 hours. Physical examination revealed a swollen tongue and no hypotension, rash, bronchospasm, urticaria, or flushing. There was no personal or family history of similar episodes, and the patient had no recent exposure to known food allergens, new medications, or insect stings. His usual outpatient medications included aspirin, simvastatin, diltiazem, and enalapril. A provisional diagnosis of angioedema associated with the use of an angiotensin-converting-enzyme (ACE) inhibitor was made. Inhibition of ACE may prompt a decrease in the production of angiotensin II and an increase in the bradykinin level, resulting in the regional vasodilatation and increased vascular permeability that are characteristic of angioedema. The onset of angioedema can occur even after long-term use of ACE inhibitors. In this patient, no improvement was noted after the parenteral administration of diphenhydramine, methylprednisolone, and epinephrine. With the patient awake, a nasotracheal intubation was performed to prevent impending respiratory compromise. Treatment with enalapril was discontinued. The edema resolved, the tongue returned to normal size, and the patient was extubated the next day. There has been no return of symptoms after discontinuation of the ACE inhibitor.

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