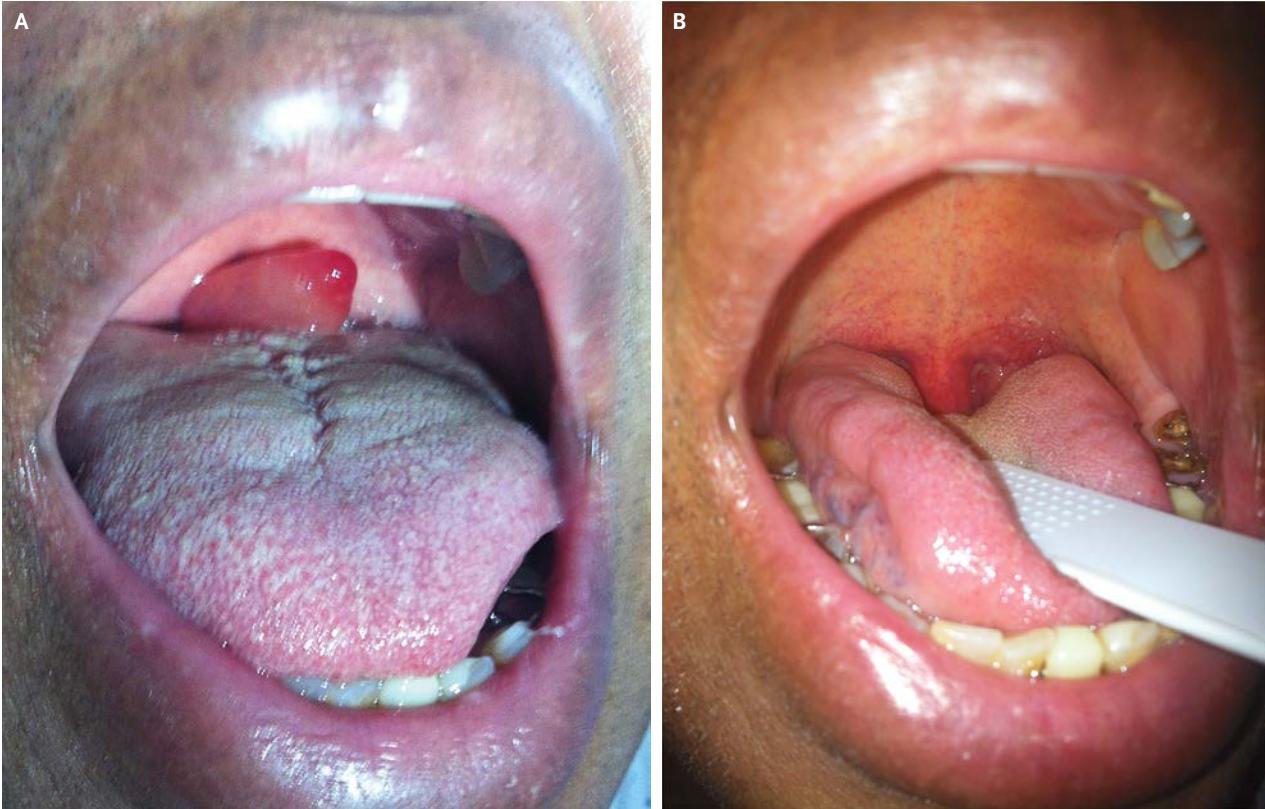


IMAGES IN CLINICAL MEDICINE

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Isolated Uvular Angioedema



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A 59-YEAR-OLD MAN WAS ADMITTED TO THE CORONARY CARE UNIT WITH an inferior ST-segment elevation myocardial infarction. He took no medications and had no history of allergies or angioedema. A primary percutaneous coronary intervention was performed, and a bare-metal stent was successfully implanted in the circumflex coronary artery. Treatment with 6.25 mg of captopril was started 6 hours after completion of the procedure, and 30 minutes after administration he reported difficulty swallowing and throat pain; lung sounds were normal, and he had no breathing difficulties. On examination, the uvula was markedly edematous and erythematous (Panel A and Video 1). Uvular angioedema, or Quincke's disease, was diagnosed, and treatment with antihistamines and glucocorticoids was started. Improvement was rapid, and the edema completely resolved within 24 hours (Panel B and Video 2). Isolated uvular angioedema is usually caused by an immediate (type I) hypersensitivity reaction. Mast-cell degranulation can occur after exposure to an immunologic or nonimmunologic stimulant, such as a drug, as was the case in this patient. Angiotensin-converting-enzyme (ACE) inhibitors can cause isolated uvular angioedema, and although this response to ACE inhibitors is uncommon, it is important to be aware of it, since it can lead to obstructive respiratory distress if not promptly recognized and treated.

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