

Monash Practice Exam: ENT Question - Angioedema

1. List three causes of angioedema without urticarial (other than ACE-1/ARB)
 - i) NSAIDS
 - ii) Radiocontrast
 - iii) Penicillins
 - iv) Monoclonal antibodies

2. How is angioedema differentiated from allergy/anaphylaxis
 - i) No rash or pruritis(itch)
 - ii) Not histamine related > not responsive to adrenaline and antihistamines

3. List three mechanisms of angioedema
 - i) inhibition of ACE mediated degradation of bradykinin
 - ii) Build up of substance P and other prostaglandins
 - iii) vasodilation and tissue oedema

4. List two important systemic complications of angioedema
 - i) Hypotension
 - ii) Bronchospasm

5. List five management options for ACE inhibitor mediated angioedema
 - i. Evaluation of airway > intubation for difficulty breathing, stridor or severe oropharyngeal edema. – Edema of oro-pharynx and tongue predicts need for early intubation.
 - ii. Fiberoptic guided laryngoscopy
 - iii. Icatibant (bradykinin 2 antagonist) is effective in reducing swelling (30mg SC)
 - iv. C1 Esterase inhibitor 1000U IV
 - v. 2 Units FFP contains enough angiotensin converting enzyme to resolve angioedema in 2-4 hours
 - vi. Ecallantide is a recombinant protein that inhibits Kallikrein and is used for hereditary angioedema.
 - vii. Discontinue ACE inhibitor or ARB

- 6 What are the chances of any patient on an ACE or ARB developing angioedema?

- 0.1-0.7% overall – 12% in first week