

SAQ 10

A 78 yr old male presents to your ED complaining of tongue swelling and dyspnea.

Vital signs:

P 95

Sats 93% RA

BP 168/79

Temp 36.8 °C

RR 24

a. Describe the clinical image of the patient (3 Marks)

1/2 Mark each for:

- *Colour photograph partial face*
- *Nasal oxygen in situ*
- *Patient alert / pink / not distressed*
- *Gross tongue swelling with protrusion from mouth*
- *Lips and periobital region normal / nil urticaria*
- *No evidence of trauma / burn / bleeding*

b. List 4 potential causes for this patient's condition (2 Marks)

1/2 Mark each from:

- *Histamine mediated / T1 hypersensitivity reaction / Allergic*
- *ACE Use - Bradykinin mediated*
- *C1 Esterase inhibitor deficiency*
- *Hereditary*
- *Acquired - SLE & lymphoproliferative disorders*
- *Idiopathic*
- *Coagulopathy - nil clear bruising / bleeding on clinical image*
- *Trauma - nil evidence on clinical image*
- *Infection - no supported by vital signs*

c. Outline your management of this patient (5 Marks)

- Area
 - Resus bay
- Staff - 1 Mark
 - Early liaison with anaesthetics / ENT / critical care +/- immunology
- Resus
 - Supplemental oxygen
 - iv access
- Specific - 2 Marks
 - i.m. adrenaline 0.5mg rpt 5 mins
 - Consider early prophylactic intubation
 - Anaesthetics fiberoptic intubation
 - Fail if RSI in ED without appreciation of difficulty
 - Adrenaline neb
 - Hydrocortisone i.v 100-200mg
 - Consider
 - C1 esterase inhibitor concentrate or icatibant if C1EID suspected / known
 - FFP - may worsen angio-odema
 - Seek & treat other precipitant
- Disposition - 1 Mark
 - Critical care unit - ICU / HDU

Clinical image taken from <http://www.doctorshangout.com/photo/angioedema-of-the-tongue-secondary-to-treatment-with-an-ace>

Answers taken from Cameron, Textbook of Emergency Medicine, 4th Edition, Chp 2.8 & Dunn, Emergency Medicine Manual, 5th Edition, Chp 79 & Medscape Angioodema <http://emedicine.medscape.com/article/135208-overview>