Life-Threatening Angioedema after Primary Percutaneous Coronary Intervention

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A 69-year-old man was admitted due to acute myocardial infarction. After administering aspirin and clopidogrel, primary percutaneous coronary intervention (PCI) was performed and a coronary stent was successfully implanted. After PCI, imidapril hydrochloride, lovastatin, and carvedilol were additionally administered. Seven days after PCI, he presented with painless, nonpruritic tongue swelling, which had occurred after brushing his teeth. His tongue was markedly swollen and protruded from his mouth (Picture 1). Three hours later, he experienced difficulty in breathing. Fiberoptic laryngoscopy revealed oropharyngeal edema that extended to the larynx (Picture 2). Nasotracheal intubation was necessary (Picture 3, Picture 4).
unsuccessful; therefore, emergency cricothyrotomy was performed. We diagnosed the patient to have angiotensin-converting enzyme inhibitor (ACE-I)-induced angioedema and therefore discontinued imidapril. He was thereafter treated with antihistamine and corticosteroid. The tongue swelling gradually subsided over the next 24 hours (Picture 3). Fiberoptic laryngoscopy before discharge revealed a normal oropharynx, supraglottis, and glottis (Picture 4). He was discharged after being advised not to take ACE-I.

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