Prompt Reversal of Airway Obstruction Secondary to Angiotensin Converting Enzyme Inhibitor (ACEI) Induced Angioedema by Ecallantide: A Case Report

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Prompt Reversal of Airway Obstruction Secondary to Angiotensin Converting Enzyme Inhibitor (ACEI) Induced Angioedema by Ecallantide: A Case Report

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INTRODUCTION

• Fatal airway obstruction from ACEI angioedema has been described but effective therapy has not been established. Intubation is sometimes required for progressive airway compromise. Ecallantide is a kallikrein pathway blocker and may offer benefit in reversing ACEI induced angioedema.

RESULTS

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CLINICAL COURSE AND OUTCOME

• A 54 year old African-American male with a history of hypertension treated with lisinopril daily, remote cocaine abuse associated myocardial infarction, seizures and prostate cancer, presented with a 2 day history of facial and throat swelling along with dysphagia. He was treated in the emergency department with intravenous methylprednisolone, epinephrine and diphenhydramine. He was admitted, but angioedema progressed overnight, confirmed by laryngoscopy. ICU transfer and intubation was undertaken the next morning for airway protection. Tryptase level was 2 ng/ml. ACEI angioedema is a recognized complication of ACEI treatment that can occur months to years after starting therapy. The incidence is thought to be 0.1-0.5% (Warner. Ann Pharmacother 2000; 34: 526). Fatalities from airway obstruction are described (Dean. J Forensic Sci 2001; 46: 1239). Angiotensin converting enzyme is an important enzyme for degradation of bradykinin. Ecallantide selectively and reversibly inhibits plasma kallikrein, preventing bradykinin generation. This case suggests that ecallantide may indeed be effective in reversing ACEI induced angioedema, even in patients requiring intubation for airway protection.

• Patient improved over the day and self-extubated prior to 1800 hours. He had no dysphagia or difficulty with respiration and was discharged the next morning.

• This presentation was supported in part by Dyax, Inc.

CONCLUSION

• The mechanism of ACEI angioedema is thought to be from blockade of angiotensin converting enzyme, the major enzyme for degradation of bradykinin.

• Bradykinin and substance P have been linked to the pathogenesis of ACEI induced angioedema. Angiotensin converting enzyme (ACE) is a kinase that breaks down bradykinin. The inhibition of ACE therefore leads to the inhibition of bradykinin catalysis. Bradykinin formation causes vasodilatation and increased vascular permeability by interaction with B-2 receptors. The inhibition of bradykinin catalysis thus leads to angioedema.

• Antiastamines, corticosteroids and epinephrine are ineffective in acute attacks of non-allergic angioedema. The mainstay of treatment currently is airway protection and supportive care. Theoretically, glucocorticoids could lead to a decrease in mucosal swelling. However, there is no demonstrated beneficial effect in patients with angioedema. Inhaled epinephrine may also be effective in laryngeal angioedema.

• Ecallantide is approved treatment of hereditary angioedema. It selectively and reversibly inhibits plasma kallikrein, preventing bradykinin generation. It is theorized that ecallantide can be used to treat other forms of kallikrein dependant angioedema.

• The length of hospitalization for patients with ACEI induced angioedema has ranged from 2 days to 4.8 days. Our patient self-extubated a few hours after emergent intubation and was discharged the next day after he remained stable overnight and without distress.

• This case suggests that ecallantide may indeed be effective in the cessation of ACEI induced angioedema. Additional randomized studies are underway to confirm these findings

REFERENCES

10. Image from: http://farm4.static.flickr.com/3102/3255202675_c2a61abcf3_z.jpg

Fig 1. Glossed esophagus in this patient.