

## **Angioedema of Head and Neck Complicating the Use of ACE Inhibitors**

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**Objective:** To study the clinical manifestations and to assess our management of cases of angioedema of head and neck precipitated by the use of Angiotensin – Converting enzyme (ACE) inhibitors.

**Design and setting:** This is a retrospective analysis of 42 consecutive cases with angioedema of head and neck seen and managed at the teaching hospitals of the University of Ottawa, between 1991 and 1995. Twnty four cases were associated with the use of ACE inhibitors.

**Subjects:**Female patients constituted 69% and males 31%. There was a male to female ratio of 1.0:2.2. The mean age of the patients was 64 years. More than two thirds of the patients (62%) presented as a first episode . The tongue was most commonly affected. Other affected areas included the lips ,oro-pharynx, supraglottis and soft palate.

**Results:** ACE's were used in 24 (57%) cases. All cases treated medically responded to therapy which included the use of anti-histamine, steroids and sometimes subcutaneous epinephrine. Admission to intensive care unit (ICU) were required in 12 (28.6%) patients and endotracheal intubation was required in 3 (7%) cases. Fiberoptic Nasolaryngoscopy (FNLS) was utilized in the assessment of 21 patients (50%). No mortality was recorded.

**Conclusion:** Angiotensin – Converting Enzyme (ACE) inhibitors are relatively common cause of angioedema of head and neck. Treatment to keep the airway open during the acute phase is essential to prevent death.