[PICTURES IN CLINICAL MEDICINE]

Laryngeal Edema That Developed after Acute Myocardial Infarction

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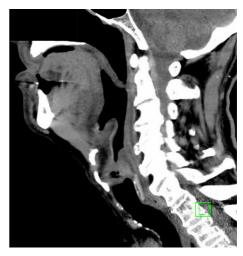


Picture 1.



Picture 3.

An 80-year-old man visited our hospital with a swollen lip and dysphagia. He had undergone percutaneous catheter



Picture 2.

intervention due to acute myocardial infarction and been administered aspirin (100 mg/day), prasugrel hydrochloride (3.75 mg/day), and enalapril (2.5 mg/day) 4 weeks earlier. He did not report any dyspnea, odynophagia, rash, or abdominal pain, and his vital signs were stable. Soft tissue neck radiography and computed tomography revealed epiglottis and laryngeal edema (Picture 1, 2). Angioedema without urticaria due to angiotensin-converting enzyme inhibitor (ACEI) was suspected. We administered chlorpheniramine maleate (5 mg) and famotidine (20 mg) and changed enalapril to olmesartan. His edema of the lip, epiglottis, and larynx gradually disappeared, and his dysphagia improved after two days (Picture 3). The incidence of angioedema with ACEI is 0.30% (1). Most such cases occur within a few weeks of starting or increasing the medication, although some cases occur even after years of use (2). Acute angioedema is sometimes a life-threatening disease. General physicians need to act promptly based on a precise diagnosis.

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