

# Want to Ace an Allergy History? Always Ask About ACE-I!

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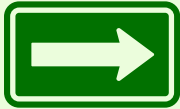
1. Once upon a time, a man in his 50s called Bob\* developed cellulitis



2. Bob was documented as allergic to penicillin (“tongue swelled”) and macrolides (“not sure why...”)



3. So Bob ended up on clindamycin. However, because he was quite unwell initially, his ramipril and bisoprolol (both of which he has taken for years) were temporarily stopped.



4. Fast forward four days. All is going fine and dandy. The cellulitis is vastly improved. Bob feels much better, and restarts his usual meds.



5. But on Day 5, Bob’s face suddenly begins to swell up, especially his tongue. He’s rushed to the ED, where he’s treated for presumed allergy to the clindamycin, and is about to acquire that label, until...

6. ...Bob shows another member of the ED team photos of his face and lips swollen up: it rang a bell, because this #MedTwitter-addicted EM doc had seen this ↓ the day before!



7. It transpires that Bob’s mainly-unilateral facial swelling (with no urticaria or other symptoms) is most likely to be angioedema, triggered by the ACE-I restarted 24 hours before - and not due to antibiotic allergy at all...


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Following

Replying to @DrLindaDykes

The patient presenting with angioedema esp of oropharynx, in the absence of urticaria. Could it be their ACE-I? Have seen 3 pats - >ICU with ACE-I angioedema. All had attended A&E multiple times & had been diagnosed with “an allergic reaction.”

Their ACE-I had not been stopped.



## LEARNING POINTS

1. ACE-I can trigger angioedema even after being taken uneventfully for many years
2. If you see a patient with angioedema who is taking an ACE-I, stop it immediately: further attacks may escalate in severity, and laryngeal oedema is a devastating complication.
3. Bacterial/viral illnesses are also common triggers of non-allergic angioedema, which means that some patients with a history of “facial swelling after antibiotics” may actually have had angioedema due to the illness for which the antibiotic was prescribed, instead of the antibiotic ever being the culprit!

However, #3 is speculation here: the bottom line is that Bob needs allergy testing!

