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ANJİOTENSİN DÖNÜŞTÜRÜCÜ ENZİM VE KİNİN PEPTİDAZLAR OLMESARTANIN MEYDANA GETİRDİĞİ ANJİÖDEMİ TETİKLEYEBİLİR Mİ?

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INTRODUCTION: Angiotensin-converting enzyme inhibitors (ACEI) and angiotensin II type 1 (AT1) receptor antagonists (angiotensin receptor blockers [ARBs]) are used to block the renin-angiotensin system (RAS) and to prevent cardiovascular events. About 5–20% of patients treated with ACEI have intolerance to these drugs. Olmesartan (OM) is a relatively new member of ARBs. We present here a case report with rapid onset of angioedema due to 2nd day of OM treatment.

CASE REPORT: A 38-year-old woman with newly diagnosed primary hypertension (HT) was planned to be treated with 20 mg OM daily. On second day of OM treatment, she was admitted to the emergency department with complaints of immediate swelling in tongue, left side of her face, and upper lip (figure 1).

RESULTS: On admission, blood pressure was 140/90 mmHg. She had a diffuse, soft, and non-tender mild swelling of the left tongue and floor of mouth, and severe swelling on her left face and upper lip (figure 1). The patient was afebrile and had no laryngeal edema. The other findings of the examination were normal. C1 esterase inhibitor deficiency was not found. Chest-x-ray and skull x-ray examination was also normal. Angioedema due to OM was considered, and olmesartan was stopped. After the treatment and discontinuation of OM, the physical findings were disappeared. No other angioedema attack was experienced in outpatient follow up visits at 3th, 6th and 12th months after discharge.

CONCLUSION: ACE inhibition and consequently the kinin peptides may have role in development of angioedema. Some previous cases were reported angioedema due to ACEI and ARBs with similar clinical findings. So, OM-related angioedema should not be underdiagnosed in medically treated HT patients.