INTRODUCTION

• Quincke’s disease of the uvula is a rare but important cause of upper airway obstruction in a patient with exposures including certain food items.
• We present a case of a 10-year-old female with acute shortness of breath who was found to have isolated angioedema of the uvula.
• This case highlights the importance of a thorough and complete evaluation for any patient presenting with acute onset of difficulty breathing.

CASE REPORT

• 10-year-old female who presented to the ED with difficulty breathing, swallowing, and muffled voice.
• Sudden onset of difficulty swallowing and talking shortly after eating homemade guacamole.
• Denied history of any food or drug allergies.
• Past medical history: well controlled asthma.
• No past surgical history.
• Family history of sister with asthma and mother with DM type II.
• Physical exam:
  – Vital signs normal with SpO2 100% on RA.
  – Edematous uvula.
  – Normal tonsils, lips, and tongue.
  – Lungs clear to auscultation bilaterally with normal air movement.

• Epinephrine 0.3 mg IM, diphenhydramine 50 mg IV, methylprednisolone 60 mg IV, and fomotidine 50 mg IV were given along with 1 liter normal saline bolus.
• Otorhinolaryngology consulted found only edematous, inflamed uvula with repeat exam half hour later revealing a decrease in uvular edema by 50%.
• Patient was observed in the ED and then admitted to the pediatric floor for further observation.
• Upon leaving the ED, there was no distress, drooling, or voice change, and patient appeared to be back to baseline.
• She was discharged home after 24 hr observation with a prescription for IM epinephrine. PCP follow up recommended within 2-3 days.

DISCUSSION

• Angioedema often referred to as “Quinke’s edema” due to Heinrich Quincke’s discovery of angioedema.
• Isolated angioedema of the uvula presents with sense of fullness of throat, difficulty swallowing, and hoarseness of voice.
• Uvula appears gelatinous.
• In the case of Quincke’s disease of the uvula, no other findings such as systemic rash, pruritis, or fever.
• Serious condition due to potential to cause lethal obstruction of airway.
• Many causes, but most common pathway is type I hypersensitivity reaction.
• Other causes:
  – C1 esterase deficiency.
  – Infections such as Group B strep, Haemophilus influenzae type B, candida and anaerobic bacteria.
  – Medications such as ACE inhibitors and NSAIDS.
  – Illicit drugs such as marijuana and cocaine.
  – OSA and airway trauma.
• Treatment should include IM epinephrine administration, H1 and H2 blocker administration and corticosteroids.
• Education upon discharge should include signs and symptoms of anaphylaxis. Patient to be given IM epinephrine injector.

REFERENCES