

Iz Uredništva

Editorial

HITNO LIJEČENJE ANGIOEDEMA GORNJEGA DIŠNOG PUTA NAKON RUTINSKOG VAĐENJA ZUBA KOD BOLESNIKA S MANJKOM C1 ESTERAZE

Ovih dana došao mi je u ambulantu pacijent, dapače po struci liječnik–ginekolog, rekao da boluje od hereditarnog angioedema i zahtijevao da mu izvadim zub. Nakon što sam odbio i tražio najprije konzultaciju s kliničkim imunologom, dosta je drsko rekao kako se “nećemo prepucavati”, jer je on ipak liječnik, zub ga boli i zahvat trebam obaviti odmah. Nismo se dalje raspravljali, morao je na konzultaciju kliničkom imunologu. Vratio se isti dan i vrlo pristojno zamolio za daljnju pomoć. Naime, klinički imunolog inzistirao je da se bolesnik hospitalizira, prije zahvata dobije koncentrat C1 esteraza-inhibitora i bude pod nadzorom anesteziologa.

Autori članka: Rice S, Cochrane TJ, Millwaters M, Ali NT. Emergency management of upper airway angio-oedema after routine dental extraction in a patient with C1 esterase deficiency. *Br J Oral Maxillofac Surg* 2008;46/5:394-6., opisuju bolesnicu primljenu u hitnu službu zbog stridora, otežanoga disanja i orofacijalne oteklina te zbog toga istjecanja sline iz usta. Nekoliko sati prije toga stomatolog joj je izvadio donji kutnjak nakon čega je buknuła progresivna oteklina usnica i jezika te je počela otežano disati. Odmah nakon prijema dobila je kisik, adrenalin i kortikosteroide intravenski, ali stanje se nije poboljšalo. Oralni kirurg isključio je infekciju, a iz anamneze je doznao da bolesnica povremeno ima oteklina na rukama i da joj je pet članova obitelji umrlo od angioedema. Nakon hitne konzultacije s imunologom, ordinirano joj je 1000 i.j. koncentrata C1 inhibitora. Hospitalizirana je u jedinici intenzivnoga liječenja, pa se brzo oporavila.

Hereditarni angioedem je rijetko, ali potencijalno za život opasno autosomno dominantno nasljedno stanje, a karakteriziraju ga povremene epizode perioralnog ili laringealnog edema. Učestalost se procjenjuje na 1/50 000, a uzrok je manjak C1 esteraza-inhibitora. Trigger može biti psihološki stres ili lokalna trauma, a osobito se ističe stomatološki zahvat nakon kojega je kod polovice dosad opisanih slučajeva nastalo stanje opasno za život. Antihistaminici nisu djelotvorni, jer nije riječ o histaminskoj reakciji.

Ponukan vlastitim iskustvom, smatrao sam korisnim opisati slučaj kako bih kolege upozorio na to za život opasno stanje i da se ne daju nagovoriti na zahvat, iako je pacijent liječnik.

EMERGENCY TREATMENT OF UPPER AIRWAY ANGIO-OEDEMA AFTER A ROUTINE EXTRACTION IN A PATIENT WITH C1 ESTERASE DEFICIENCY

Not long ago I had a patient – a colleague, gynecologist – saying he had a hereditary angio-oedema, demanding I extract one of his teeth. I refused and asked for a consultation with a clinical immunologist, he was rather impertinent, said “we will not argue about it”, because he was a doctor, he had toothache and wanted me to extract his tooth immediately. We did not “argue” – he had to go and see a clinical immunologist. He returned the same day and asked for my help pretty meekly. The clinical immunologist demanded his hospitalization, a dose of concentrated C1-esterase inhibitors, and an anesthesiologist stand-by.

The authors of the article Rice S, Cochrane TJ, Millwaters M, Ali NT. Emergency management of upper airway angio-oedema after routine dental extraction in a patient with C1 esterase deficiency. *Br J Oral Maxillofac Surg* 2008;46/5:394-6., describe a patient admitted to emergency ward due to stridor, impaired breathing, orofacial swelling and saliva excretion from the mouth. Some hours earlier a dentist had extracted a lower molar, and the extraction resulted in lip and tongue edema and impaired breathing. After being admitted, she received oxygen, adrenaline and corticosteroid drugs intravenously, but there was no improvement. The oral surgeon excluded infection, and the history revealed that she has irregular swellings of arms and legs, with five members of her family died from angio-oedema. After and emergency consultation with a clinical immunologist, she received 1000 IU of C1 inhibitors. She was admitted to intensive care and there was rapid recovery.

Hereditary angio-oedema is a rare, but life-threatening, autosomal dominant inheriting condition that is characterized by repeating episodes of perioral or laryngeal edema. Frequency is estimated at 1/50,000, and the cause is lack of C1 esterase inhibitor. A trigger can be psychological stress or local trauma, and dental treatment is stressed as a trigger that lead to life-threatening condition in half of the described cases. Antihistaminic therapy is not efficient, since it is not a histaminic reaction.

Based on my own experience, I considered it important to describe this case in order to warn the colleagues about this life-threatening condition. They should not be “talked into” the treatment even when they are treating fellow colleagues.

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