

ANGIOEDEMA

- Swelling of subcutaneous or mucosal tissues, commonly affects lips, eyelids, tongue or extremities.
- May occur alone, or in the context of urticaria or anaphylaxis (see other relevant guidelines).
- May occur repeatedly in some patients.
- Swelling affecting the airway can be life threatening.

Information Required

- Site of swelling
- Family history
- ACE-Inhibitor usage
- History of lymphoproliferative disorder
- Possible allergic precipitants (drugs, food)

Investigations Required

C4 level

(Serum tryptase if anaphylaxis suspected)

Fax referrals to Allergy/Clinical Immunology Service

Royal Adelaide Hospital

Fax: 08 7074 6241

Red Flag- IF AIRWAY COMPROMISED- IMMEDIATE SAAS TRANSFER TO EMERGENCY DEPARTMENT (ED).

🚩 **All recurrent angioedema should be referred.**

Phone for advice and urgent review if:

- 🚩 Low C4 level
- 🚩 Family history of recurrent angioedema/known hereditary angioedema

Suggested Primary Management

- ACE-inhibitor should be ceased (ARBs are a lower-risk substitute).
- Recurrent angioedema- consider commencing regular prophylactic non-sedating antihistamine.
- In most cases of angioedema which have affected the external skin or anterior tongue, an adrenaline autoinjector is not indicated. If uncertain, consult immunologist by phone.

Clinical Resources

- Australasian Society of Clinical Immunology and Allergy (ASCI)- Angioedema
<https://www.allergy.org.au/patients/skin-allergy/angioedema>
- ASCIA Position paper on Heredity Angioedema 2017. <https://www.allergy.org.au/health-professionals/papers/hereditary-angioedema>

General Information to assist with referrals and the referral templates for the RAH are available to download from the CALHN Outpatient Services website: <https://www.rah.sa.gov.au/health-professionals/outpatient-referrals>

Version	Date from	Date to	Amendment
1.0	June 2018	July 2022	Original