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RESEARCH ARTICLE

QUINCKE'S DISEASE

***Dr. Annu Yadav and Dr. Dolly C. Yadav**

Medeor Institute of Emergency Medicine, Medeor Hospital, Gurgaon, Haryana, India

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**Corresponding author:*
Dr. Annu Yadav,

ABSTRACT

A 45 year old male presented to emergency department with history of sudden onset difficulty in breathing and swallowing over the past hour. On oral examination, edematous uvula was noted. This finding was concerning for Quincke's disease. In this case study, we will further discuss presentation, examination findings and treatment plan.

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INTRODUCTION

Isolated uvular edema, also known as Quincke's disease was first described by Heinrich Quinke in 1882. It is an emergency situation which causes angioedema localized to uvula. Can be caused by an immediate type I hypersensitivity reaction, and also be caused by trauma, thermal injury, infection, marijuana use.

Objective: The objective of reporting this case is to show that the airway emergency can have many differentials and uvular edema is rare but one of the emergency situations.

Case summary: A 45 year male presents to emergency department with difficulty in breathing and deglutination from 1 hour.

Case report: A 45 year old male presented to emergency department with history of difficulty in breathing from 1 hour along with difficulty in deglutination which was sudden in onset. He reported no history of trauma, ingestion of any drug or any new food material, fever, coughs, vomiting. No relevant past or family history was present. On physical examination, heart rate was 92/min, blood pressure 130/82 mm Hg, respiratory rate 18 breath/min, oxygen saturation 100% on room air, temperature of 98.4 F. On oral examination –uvula was swollen along with redness, Mallampati score 3 at the time of arrival, no injury sign or pain. Trachea was midline without any tenderness. Remaining physical examination and investigations were normal.

Patient was treated with intravenous steroids, antihistamines, lukewarm saline gargles. After 1 hour – on oral examination uvula swelling had reduced and Mallampati score was 2. Patient was feeling relieved and was admitted to ward for further airway monitoring.

DISCUSSION

Quincke's disease, or isolated uvular angioedema, was first described in 1882 and has since been a relatively rare form of angioedema of the upper airway [(1).] Due to the rarity of this illness, the clinician should develop a detailed differential diagnosis for a patient with acute onset of difficulty swallowing with associated with shortness of breath. Within this differential epiglottitis, retropharyngeal abscess and peritonsillar abscess should all be considered. Although rare, the uvular edema may cause obstructive respiratory distress and require immediate airway care. The treatment consists of intravenous H1 and H2 histamine blockers, corticosteroids, and rarely epinephrine [(2).]

Conclusion

In this case, angioedema localized to uvula was caused by an immediate type I hypersensitivity reaction as the patient is not having any history of fever, sore throat, trauma, thermal injury, marijuana ingestion. Treatment is aimed at maintaining a patent airway in conjunction with antihistamines, additionally,

and epinephrine if needed [3]. Most importantly, rapid access to proper equipment and personnel for intubation or tracheotomy is necessary [4] should be made available.

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