Table 1: Management of Orolingual Angioedema Associated with IV Alteplase Administration for Acute Ischemic Stroke (Class IIb; Level of Evidence C-EO)[1]
Maintain airway • Endotracheal intubation may not be necessary if edema is limited to anterior tongue and lips. • Edema involving larynx, palate, floor of mouth, or oropharynx with rapid progression (within 30 min) poses higher risk of requiring intubation. • Awake fiberoptic intubation is optimal. Nasal-tracheal intubation may be required but poses risk of epistaxis post-IV alteplase. Cricothyroidotomy is rarely needed and also problematic after IV alteplase.
Discontinue IV alteplase infusion and hold ACEI
Administer IV methylprednisolone 125 mg
Administer IV diphenhydramine 50 mg
Administer ranitidine 50 mg IV or famotidine 20 mg IV
If there is further increase in angioedema, administer epinephrine (0.1%) 0.3 mL subcutaneously or by nebulizer 0.5 mL
Icatibant, a selective bradykinin B2 receptor antagonist, 3 mL (30 mg) subcutaneously in abdominal area; additional injection of 30 mg may be administered at intervals of 6 h not to exceed total of 3 injections in 24 h; and plasma-derived C1 esterase inhibitor (20 IU/kg) has been successfully used in hereditary angioedema and ACEI-related angioedema
Supportive care
Abbreviations: ACEI=angiotensin-converting enzyme inhibitor; IU=international units.