

Orolingual and abdominal angioedema post thrombolysis and thrombectomy

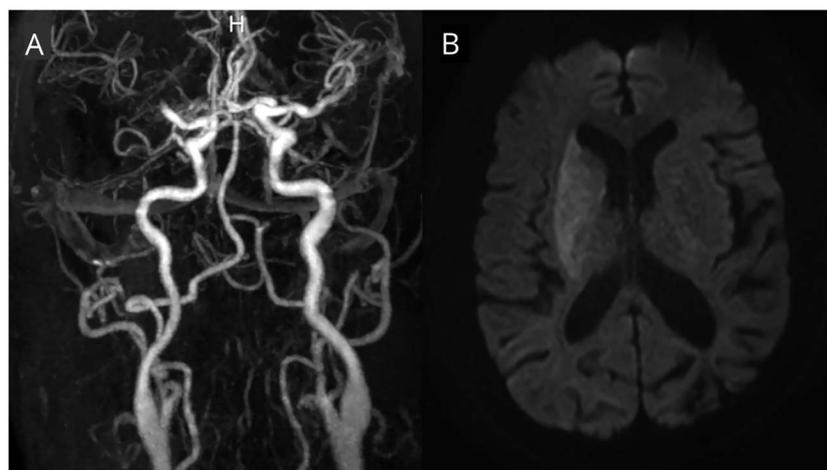
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Figure 1 Imaging



(A) Magnetic resonance angiography shows right proximal occlusion of the middle cerebral artery. (B) Diffusion-weighted axial MRI shows right deep middle cerebral artery infarct.

A 53-year-old man treated with an angiotensin-converting enzyme (ACE) inhibitor presented with left hemiplegia (NIH Stroke Scale 23). Magnetic resonance angiography revealed a right proximal middle cerebral artery occlusion (figure 1). Thirty minutes after thrombolysis, orolingual swelling was observed. Two hours later, just after mechanical thrombectomy was completed, he developed painful abdominal edema, which improved after icatibant administration (figure 2). Bradykinin-mediated angioedema can be a complication of recombinant tissue plasminogen activator, typically orolingual, with increased risk for patients on ACE inhibitors.¹ We speculate that the procedure of thrombectomy, acting as a mechanical stress,² could have been a triggering factor for the unusual presentation of abdominal edema.

Author contributions

Dr. Benoit: study concept and design. Dr. Cantier: analysis and interpretation. Dr. Rodriguez-Régent: analysis and interpretation. Dr. Olivier Gout: analysis and interpretation. Dr. Obadia: study supervision.

Study funding

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Figure 2 Left asymmetric upper and lower lips angioedema and abdominal painful edema



Left asymmetric upper and lower lips angioedema, contralateral to right hemispheric ischemia (A), and abdominal painful edema (C), both regressing after icatibant administration (B, D).

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