Quincke’s Disease: Isolated Uvular Angioedema, A Disease Entity of Unknown Etiology.

Kolaj Kattel

1Dr. Abdul Samad memorial hospital

May 16, 2023

Quincke’s Disease: Isolated Uvular Angioedema, A Disease Entity of Unknown Etiology.

Abstract

Quincke’s disease is an isolated swelling of the uvula caused by type-1 Hypersensitivity Reaction. We present a case of 42-year-old male presenting with feeling of something stuck in the throat with edematous and congested uvula without any identifiable cause.

Keywords

Quincke’s Edema, Uvula, Angioedema, Type-1 Hypersensitivity Reaction.

Introduction

Named after renowned German clinician of the late nineteenth century Heinrich Quincke, Quincke’s disease, is an acute isolated swelling of the uvula, presumably a localized manifestation of non-heritable angioneurotic edema.

Heinrich described localized noninflammatory edema in 1882 and suggested a probable relationship to an alteration in vascular permeability from a neural influence. Isolated uvular angioedema is usually caused by a type 1 hypersensitivity reaction. This should be differentiated from uvulitis, which is infectious in origin and has concomitant epiglottitis.

Case Presentation

Forty-two years male presented to outpatient department with complaints of something stuck in the throat, difficulty breathing while lying down and difficulty swallowing. Upon looking in the mirror he had seen a swollen structure in middle of his throat. The patient however did not have any history of pain during swallowing, fever, cough or any difficulty breathing while upright. He gave no antecedent history of allergy to any food or drug. No any unusual food was taken by the patient before the onset of symptoms. He had no any history of chronic disease like Asthma and was not under any medication. On examination, his vitals were Blood pressure 130/80 mm of hg, pulse rate 74 bpm and respiratory rate 16/minute. On respiratory examination Normal vesicular breath sound was heard without any added sound. Oropharyngeal examination revealed edematous and congested uvula (Figure 1). Tonsil and the posterior pharyngeal wall looked grossly normal. Cervical lymph nodes were not enlarged. Flexible Naso-pharyngo-laryngoscopy was normal except for edematous and congested uvula. Complete blood count, Liver function test and kidney function test was sent which was normal. Antero-posterior radiograph of chest was also normal.
He was then given oral antihistamine (Levocetirizine 5 mg) tablet for 3 days and Prednisolone 40 mg stat then OD for 3 days, with 40mg OD dose of PPI for 3 days. Patient was advised for follow up if the severity of symptoms increased. On follow up 3 days later the swelling had completely subsided and the patient reported that the symptom subsided after 12 hours of initiation of medication.

Discussion

This case report describes presentation and management of a 42-year-old with isolated uvular angioedema also known as Quincke’s disease which is named after a famous German surgeon Heinrich Quincke. Although not evident from patient history, given the literatures on Quincke’s edema it was assumed to be an allergic Type-I hypersensitivity reaction and the patient was treated accordingly with a favorable outcome.

An array of causes have been attributed to uvular edema. Some of these are allergy, nonsteroidal anti-inflammatory drugs (NSAIDs), angiotensin converting enzyme inhibitors, cannabis, cocaine, ecballium elaterium, endoscopy, orotracheal intubation. However, Quincke’s disease refers specifically to localised non-hereditary angioneurotic edema of the uvula, without any genetic or laboratory association.

Clinical manifestation of Quincke’s disease include a feeling of fullness in the throat and a gaging sensation as the enlarged uvula touches the posterior tongue. It should be differentiated from uvilitis which presents with con-commitant epiglottitis. While corticosteroids are the most powerful drugs when dealing with allergic disorders, antihistamines also help hasten the recovery.
From our case report, it can be inferred that the management of quincke’s disease should depend on the degree of respiratory obstruction caused by the uvular edema. A patient presenting with symptoms that possess a threat to respiration has to be dealt with aggressive measures in contrast to those who present with non-alarming symptoms as in our case.

Conclusion

Though isolated uvular angioedema is a rare and non-fatal entity most of the times, it can sometimes pose a serious threat to patients’ life by causing respiratory obstruction. Hence, a knowledge of this condition is paramount to prevent a catastrophe from happening, even more so when it can be reverted with simple medication.

Acknowledgement

None.

Ethical Approval

Written and informed consent was obtained from the patient for publication of the case.

Consent

Written and informed consent was obtained from the patient.

References
