



Gabapentin-Induced Angioedema of Tongue

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Angioedema of tongue can be a truly emergency situation and needs rapid evaluation and intervention if airway compromise happens. It is also crucial to recognize the causality of the allergic reaction. Mostly the culprit can be identified if detailed medical regimen and exposure history have been reviewed. A rare case of gabapentin-induced angioedema of tongue is presented.

Key words: *gabapentin, angioedema, Kimchi, tongue swelling*

Introduction

Gabapentin is widely used for neuralgia and seizure control. It has rare drug-drug interaction and common adverse effects are dizziness, drowsiness and unsteadiness. Allergy reaction is rarely reported. We are here presenting a case of gabapentin-induced angioedema of tongue.

Case Report

A 70-year-old person with medical history of lumbar spondylosis complained progressive swollen tongue within 1 day after self-biting his tongue when eating Kimchi (Korean traditional food). Physical examination revealed tongue swelling with small biting wound over tongue base (Fig. 1). Mild eyelid swelling was noted. Otherwise, he had no fever, hypotension, tachycardia, bronchospasm, skin rash, or flushing. Lab data showed no leukocytosis or eosinophilia, and normal C-reactive protein. His arterial blood gas had no CO₂ retention and normal O₂ saturation. He was admitted as concerning of airway compromise developing later on. He received steroid and antihistamine injection and discharge smoothly 2 days later without any airway management. Review his history, he had been on gabapentin 300 mg TID (three times a day) for

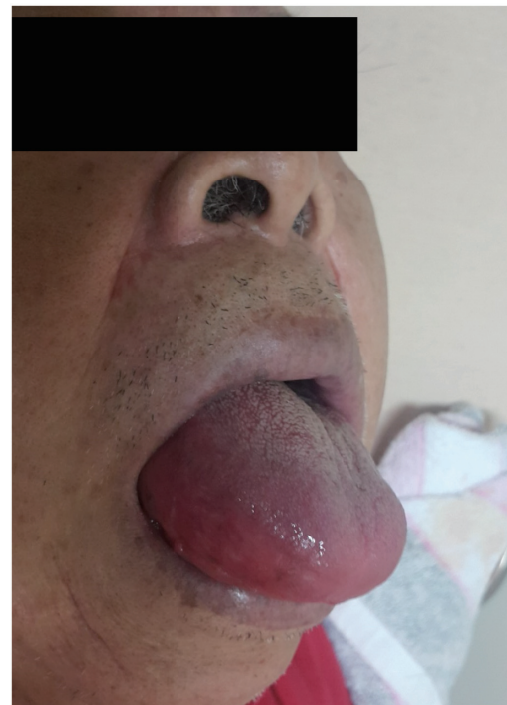


Fig. 1. A swollen tongue with small biting wound over tongue base.

chronic neuralgia and clonazepam 0.5 mg HS (at bedtime) for insomnia for 3 months. No personal or family history of allergy was noted. He had no administration

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of antiplatelet or anticoagulation agent. He declared no exposure to new medication or insect stings. He received steroid, anti-histamine and prophylaxis antibiotics. He was discharged 2 days later smoothly.

Discussion

Non-steroidal anti-inflammatory drugs (50%) and antibiotics (20%) were the common cause of drug-related angioedema without urticaria. The common sites were periorbital area (67.3%) and lips (27.6%).¹ In our case, since the patient had swollen tongue after ate Kimchi, it raises the concern of Kimchi related allergic reaction. Literature review show Kimchi which manufactured by fermenting vegetables with probiotic lactic acid bacteria can be considered as a vegetable probiotic food that contributes health benefits with lower risk of asthma and atopic dermatitis.²⁻⁴ Kimchi allergy report was not reported on literature and unlikely be the culprit. Clonazepam and gabapentin were reviewed then. Clonazepam-related allergy reactions like flushing, pruritus, and pustular reaction had been reported but not including angioedema.⁵ On the contrast, gabapentin-induced angioedema had been reported⁶ and is more likely the culprit. It is imperative to review the medical prescription and exposure history for preventing the allergic event again.

In addition, early airway management is crucial as angioedema of tongue frequently causes the airway compromise. Endotracheal intubation is the initial choice. But it should be shifted to cricothyroidotomy without hesitation if fails to attempt the endotracheal intubation.

Conflicts of Interest Statement

None.

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