Angioedema is a disorder in which post-capillary venule leakage leads to subdermal collection of fluid leading to well-demarcated non-pitting edema. Symptoms usually present with well-demarcated angioedema in face, extremities or genitalia. The most important thing to assess is the airway. Secure the airway. This should involve the most skilled person available and may require nasotracheal intubation with fiberoptics or cricothyroidotomy.

Types include:
1. IgE-mediated - results from antigen ingestion or parenteral exposure
2. Complement mediated (immune complex deposition & serum sickness) - characterized by fever, angioedema, arthralgias, urticaria, and palpable purpura.
3. Hereditary - characterized by recurrent self-limited attacks that may be precipitated by local trauma
4. Idiopathic

Drugs associated with angioedema include:
- Opiates
- Dextrans
- ACEIs
- Aspirin
- NSAIDs

Common triggers include:
- Hymenoptera envenomations
- Food allergy
- Local trauma (e.g., dental procedure, tonsillectomy)

Complications include:
- Dysphonia
- Dysphagia
- Airway obstruction
- Death

- Treat with steroids, antihistamines & s.c. adrenaline if required
- Hereditary angioedema is more refractory to the use of subcutaneous epinephrine, antihistamines, and steroids. Stanozolol, an anabolic steroid, and danazol, a gonadotropin inhibitor, may be used for the acute phase of an attack of hereditary angioedema. Often, patients are given aminocaproic acid for maintenance replacement of C1INH to prevent attacks. Attempt to replace C1INH during the acute phase. If C1INH concentrate is unavailable, FFP may be used in the interim.

Hereditary angioedema is characterized by low levels of C1 esterase inhibitor (C1INH) or elevated levels of dysfunctional C1 esterase inhibitor. Between attacks, low levels of C4 are noted.