

### Characteristics of pseudoangioedema, Andersen et al, 2016

Andersen MF, Longhurst HJ, Rasmussen ER, Bygum A. How Not to Be Misled by Disorders Mimicking Angioedema: A Review of Pseudoangioedema. Int Arch Allergy Immunol. 2016;169(3):163-70. doi: 10.1159/000445835.

<b>Acute contact dermatitis</b>	<ul style="list-style-type: none"><li>• A history of <b>exposure to a foreign substance</b></li><li>• Superficial erythema (can cause severe swelling of the facial and periorbital skin). The skin will often peel as swelling resolves</li><li>• Dermatitis, prominent pain or pruritus</li></ul>
<b>Drug rash with eosinophilia and systemic symptoms DRESS/ DIHS</b>	<ul style="list-style-type: none"><li>• <b>A history of drug exposure (within six weeks)</b></li><li>• <b>Facial</b> or more widespread edema, which is accompanied by a diffuse, morbilliform rash</li><li>• Fever, eosinophilia, lymphadenopathy and internal organ involvement, mainly liver &amp; kidneys</li></ul>
<b>Dermatomyositis DM</b>	<ul style="list-style-type: none"><li>• Symmetrical <b>proximal muscle weakness</b></li><li>• Cutaneous erythema, periorbital edema</li><li>• Heliotrope rash, Gottrons sign and papules</li><li>• Fatigue, weight loss and fever</li></ul>
<b>Morbus Morbihan</b>	<ul style="list-style-type: none"><li>• Persistent erythematous edema: forehead, glabella, upper eyelids, and cheeks</li><li>• Worsens <u>gradually</u> over months to years with a solid consistency</li></ul>
<b>Superior vena cava syndrome SVCS</b>	<ul style="list-style-type: none"><li>• Dyspnea, cough and hoarseness</li><li>• <b>Vein distension across the chest and neck</b></li><li>• Edema in the face and upper extremities</li><li>• Worsening of signs when the patient is in a supine position</li></ul>
<b>Hypothyroidism</b>	<ul style="list-style-type: none"><li>• Wide array of symptoms including weight gain, constipation, dry skin, thinning of hair, hoarse voice, fatigue, lethargy, depression and cold intolerance</li><li>• Puffiness of the face and lips</li></ul>
<b>Subcutaneous emphysema</b>	<ul style="list-style-type: none"><li>• Air bubbles trapped in the subcutaneous tissue, causing sudden swelling of the thorax, abdominal wall, perineal region, extremities, and most often neck or face</li><li>• Crepitus</li></ul>
<b>Orofacial granulomatosis</b>	<ul style="list-style-type: none"><li>• <u>Chronic</u>, painless and asymmetrical swelling of the lips</li><li>• Cheilitis granulomatosa: monosymptomatic involvement of lips</li><li>• <b>Melkersson-Rosenthal syndrome</b>: triad of persisting lip or facial swelling, facial nerve paralysis and fissured tongue (lingua plicata)</li></ul>
<b>Hypocomplementemic urticarial vasculitis syndrome HUVS</b>	<ul style="list-style-type: none"><li>• <u>Chronic</u>, <b>nonpruritic, painful urticarial skin lesions</b> which resolve with post-inflammatory hyperpigmentation or purpura</li><li>• Systemic involvement includes pulmonary disease, abdominal pain, leukocytoclastic vasculitis, arthritis, arthralgia, and glomerulonephritis.</li><li>• Angioedema is the initial clinical presentation in over 50% of these patients</li></ul>
<b>Systemic capillary leak syndrome SCLS= Clarkson's disease</b>	<ul style="list-style-type: none"><li>• Sudden hypovolemic shock and <b>massive</b> generalized edema (symmetrical)</li><li>• Hypovolemia, <b>hemoconcentration</b> and reduced serum albumin</li><li>• MGUS in 80%</li></ul>
<b>Gleich's syndrome</b>	<ul style="list-style-type: none"><li>• <b>Recurrent episodes</b> of idiopathic angioedema, eosinophilia and elevation of serum immunoglobulin</li><li>• Weight gain caused by fluid retention, fever, pruritus and in some cases urticaria</li><li>• No systemic organ involvement</li></ul>
<b>Cluster headache</b>	<ul style="list-style-type: none"><li>• <b>Sudden unilateral</b> head or facial pain and periorbital edema</li><li>• Often associated with autonomic features such as conjunctival injection, ptosis, pupil constriction, watering of the eye or rhinitis</li></ul>
<b>Idiopathic edema</b>	<ul style="list-style-type: none"><li>• Pitting edema most prominent on the extremities or abdomen after prolonged upright position and in the facial area after recumbency overnight</li><li>• The diagnosis is one of exclusion</li></ul>