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Case Report

Angioedema of the Left Maxillary Area

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Abstract

Angioedema is defined as self-limited, localized swelling. The swelling is asymmetric, non-pitting, and non-tender. Common locations of swelling include periorbital area, lips, tongue, extremities, and bowel wall. A 54-year-old woman visited our hospital with the clinical complaint of left maxillary swelling. Swelling of the left maxillary area was diffuse and temperature of the involved area was normal. No infectious source was found on panoramic radiography and cone-beam computed tomography. After considering the patient's medical history and assessing clinical examination, we suspected angioedema and administered corticosteroid only. In the oral and maxillofacial area, proper diagnosis and prompt treatment of angioedema is important because angioedema of the tongue or larynx may lead to airway obstruction or a life-threatening condition.

Key words: Angioedema, Corticosteroids

Introduction

Angioedema refers to abrupt and short-lived swelling of the skin, mucous membrane, or both[1]. It occurs in approximately 15% of the overall population and is more common in women than men[2]. Although the swelling is asymmetric, non-pitting, and non-tender, its effect can cause discomfort[3]. In addition, angioedema is characterized by recurrent attacks of local swelling in various parts of the body, particularly the face, oral cavity, pharynx, larynx, extremities, buttocks, and gastrointestinal tract[4]. Presentation of angioedema of the oral cavity varies, from minor edema to acute respiratory distress. The objective of this study was to report on a patient who had left maxillary swelling of an unknown origin and was treated with corticosteroid only.

Case Report

A 54-year-old woman (Fig. 1) with the clinical complaint of left maxillary swelling visited the Department of Oral and Maxillofacial Surgery, Seoul St. Mary's Hospital, on June 1, 2011. The swelling had started spontaneously approximately two weeks ago and disappeared without treatment. However, the swelling showed recurrence one day before visiting our department. On clinical examination, there was a fixed induration around the anterior aspect of the left coronoid process, which measured approximately 1.5 cm. The patient had a history of surgery (canal up mastoidectomy, ossiculoplasty, and myringoplasty) for left chronic otitis media two months ago at the Department of Otorhinoparyngology of Seoul St. Mary's Hospital. Another medical history was unremarkable and the patient

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