Tamsulosin Induced Angioedema
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Introduction
Angioedema is usually a self limited reaction which results from dilation and increased permeability of blood vessels by inflammatory mediators (1). It is commonly associated with angiotensin converting enzyme inhibitors (ACEI) (2). A review of literature has yet to identify a reported case of angioedema from tamsulosin despite it being listed as a known significant side effect.

Case (continued)
otherwise CBC and CMP were unremarkable. An ethanol level was negative and urine toxicology was positive for cocaine. Electrocardiogram showed sinus rhythm with no ST or T wave changes. Patient received intravenous steroids, H1 and H2 receptor blocking agents. He was monitored in an intensive care unit and did not require epinephrine or intubation. His angioedema improved significantly within 48 hours.

Case
We present a case of a 61 year old African American male presented with dysphagia, hoarseness, shortness of breath and facial swelling for one day. He woke up with swollen lips and an enlarged tongue. Patient denied having pruritis. A detailed history revealed that patient was placed on tamsulosin three days ago. He consumed first dose of tamsulosin approximately twelve hours prior to presentation.

His past medical history was significant for hypertension, coronary artery disease, benign prostatic hyperplasia (BPH), depression, and osteoarthritis. Patient reported no known drug allergies. His outpatient medications include aspirin, elanapril, finasteride, hydrochlorothiazine, meloxicam, metoprolol tartrate, simvastatin, tamsulosin, tramadol and acetaminophen. Patient is an active smoker, drinks alcohol socially, and abused cocaine two days prior to the admission. On admission, the patient’s vitals were stable. His physical examination was significant for asymmetric swollen lips, eyelids and tongue. His airways were difficult to assess secondary to swollen tongue; however, no stridor was appreciated. Lung fields were clear to auscultation bilaterally. Laboratory data showed mildly elevated CPK,

Conclusion
Angioedema affects the skin and the mucosal tissues of the face, mouth, lips, throat and larynx (1). It usually develops over minutes to hours and resolves in one to two days (1). It can be life threatening if larynx is involved due to airway compromise (1). Tamsulosin is an alpha 1 blocking agent which is usually given to treat BPH. Patient was on ACEI for at least three months and it may have caused his symptoms. However, angioedema developed within hours after consuming the first dose of tamsulosin; therefore, it is the most likely etiological agent. It is also possible that the combination of tamsulosin and elanapril may have also caused angioedema, which might have not occurred with either drug alone. Tamsulosin is widely used in elderly population and it is extremely important to recognize angioedema as one of its life threatening side effects.

REFERENCES:
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