

# ANGIOEDEMA-ICATIBANT-EMERGENCY PATHWAY

Isolated Angioedema (without skin rash)

Could it be ANAPHYLAXIS?

Follow the Resuscitation Guidelines and Think ADRENALINE!

Is the patient known to have hereditary angioedema (HAE) / under the care of a tertiary centre?

Is the patient on an ACE-inhibitor? \*

Does the patient present with HAE action plan and medication?

Give Icatibant 30 mg sc  
Check C4, C1 inhibitor blood tests

Follow action plan

If no resolution within 30 min- give 1500 U C1 inhibitor concentrate

Any clinical concern with airway compromise?

Is the patient responding to adrenaline and/or antihistamines?

Monitor:  
• swelling size  
• O2 saturations  
• respiratory rate

If no start of resolution within 30 min- 2 hours:  
Review clinical symptoms, update Anaesthetics.  
Repeat Icatibant dose after 2-4 hours

Refer all for assessment at Immunology and Allergy EKHUFT by emailing: [ekhuft.allergy-immunology@nhs.net](mailto:ekhuft.allergy-immunology@nhs.net)

INFORM ANAESTHETICS!

# Notes: Angioedema-Icatibant-emergency pathway

- \* ACE-Inhibitor induced angio-oedema may manifest at any time after starting an ACE-inhibitor. Treatment includes withdrawal of the ACE inhibitor, as further attacks tend to be more severe. ARB-II inhibitors and other drugs only rarely induce angio-oedema. However, gliptins or some immunosuppressants in combination with ACE-Inhibitors increase the risk of ACE-induced angio-oedema. There is evidence that Icatibant does not provide useful benefit where ACE-induced angio-oedema does not affect the airway.
- See <https://doi.org/10.1038/s41440-023-01491-9> for a recent review.
- *References for 2<sup>nd</sup> dose times ( extrapolation- there is no acute setting study or data available, licensing is 30 mg three times a day)*
  - *Baş M, Greve J, Hoffmann TK, Reshef A, Aberer W, Maurer M, Kivity S, Farkas H, Floccard B, Arcoletto F, Martin L, Sitkauskienė B, Bouillet L, Schmid-Grendelmeier P, Li H, Zanichelli A. Repeat treatment with icatibant for multiple hereditary angioedema attacks: FAST-2 open-label study. Allergy. 2013 Nov;68(11):1452-9. doi: 10.1111/all.12244. Epub 2013 Sep 21. PMID: 24111645.*
  - *Longhurst HJ. Management of acute attacks of hereditary angioedema: potential role of icatibant. Vasc Health Risk Manag. 2010 Sep 7;6:795-802. doi: 10.2147/vhrm.s4332. PMID: 20859548; PMCID: PMC2941790.*