[Case Report] Ramipril-Induced Angioedema in a Patient With Basal Ganglia Bleed: A Case Report

Jitin Bajaj

1 Netaji Subhash Chandra Bose Medical College

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Abstract

This report presents a case of ramipril-induced angioedema in a patient who had undergone surgery for basal ganglia bleed, a complication of uncontrolled hypertension that typically requires long-term antihypertensive treatment. The patient was receiving ramipril, a common hypertension medication, but developed the life-threatening side effect of angioedema. The case highlights the potential risks associated with using ramipril.

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A 55-year-old male patient presented to the emergency department with sudden onset unconsciousness and a Glasgow coma scale of E2V2M5. He was found to be hypertensive with a blood pressure of 200/100, and had no prior history of antihypertensive drug use. A CT scan revealed a large right-sided basal ganglia bleed, and the patient underwent urgent hematoma evacuation using endoscopic assistance. Following surgery, the patient was placed on Amlodipine 10mg twice daily and Ramipril 2.5mg twice daily to control blood pressure. On the third postoperative day, the patient regained consciousness but began to experience symptoms of edema in the lips, headaches, and irritability (Figure 1A).

As the patient's renal function and other blood parameters were normal, Ramipril was discontinued as the suspected cause of angioedema and replaced with Atenolol. The patient also received Cetrizine 10mg once-a-day for five days and Dexamethasone 4mg thrice daily for three days, followed by a tapering regimen over the course of seven days. Discontinuing Ramipril resolved the edema and headaches within five days (Figure 1B). The patient's postoperative course was otherwise uneventful and he made a gradual recovery. This case highlights the potential for early drug reactions with Ramipril and the importance of recognizing and treating them immediately to prevent any life-threatening complications.
Figure 1. A: showing the “swollen lips”. B: shows resolved lip edema after five days of stopping the Ramipril.

References
