The patient is a 70-year-old female with a history of osteoarthritis who presented to her primary care clinic with a rash and swelling of her tongue and throat. The rash was episodic and intermittent, with the first episode occurring six months prior. The current episode of rash started 2 weeks prior to this presentation and had progressed steadily to cover her trunk, arms, and legs. The patient reported no new medications, foods, or changes in her daily routine during this time. On the night prior to presentation, the patient had experienced moderate swelling of her tongue and throat and decided to seek care. When seen in the clinic, she reported no difficulty breathing. On exam, there was no obvious edema of the throat; skin exam revealed raised hives and excoriations on her upper back, lower abdomen, and bilateral arms and legs. Initially, no clear etiology for her symptoms was evident. Further history revealed that the patient had been managing her osteoarthritis with acupuncture until 8 months prior, when she had been prescribed naproxen and ibuprofen, which she had taken as needed for her osteoarthritis pain. She had taken a dose of naproxen 2 hours before experiencing the throat swelling the night prior. The patient was advised to take diphenhydramine for throat swelling and to stop both naproxen and ibuprofen. The patient had subsequent improvement in her symptoms.

Non-steroidal anti-inflammatory drugs (NSAIDs) are widely prescribed in primary care settings for pain and in the United States, around 12% of adults report regularly using them. NSAIDs are also known to have many side effects and some of the more common adverse effects, such as GI ulceration and hemorrhage, are widely recognized. Others, such as NSAID-related cutaneous reactions, occur in <1% of patients and have the potential to be missed. In patients with known chronic urticaria or asthma, NSAIDs can trigger and exacerbate symptoms. However, even in patients who are otherwise healthy, such as in this patient, NSAIDs can induce a hypersensitivity reaction that can include urticaria, angioedema, or both.

NSAID-induced urticaria in otherwise healthy patients is thought to be related largely to COX-1 inhibition. However, even in patients sensitive to NSAIDs, these reactions are often self-limited and do not require treatment beyond the avoidance of the offending drug.

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References