

‘Lip service – don’t dismiss recurrent facial swelling as simple angioedema’

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A normally fit and well 25-year-old lady was referred by Immunology to the Acute Medical Unit with facial swelling. She had been referred to Immunology with recurrent angioedema, following multiple presentations of facial swelling, which had initially been intermittent and responsive to oral steroid treatment, but was now unremitting. The swelling first started 2 months ago, 10 days after receiving lip fillers. On examination, she had significant facial oedema (**Figure 1**), as well as swelling of her arms, chest and back; there were no dilated superficial veins.

A chest X-ray revealed a widened mediastinum and a subsequent CT-thorax showed a large mediastinal mass with superior vena cava obstruction (**Figure 2 and 3**). A biopsy diagnosed primary mediastinal large B-cell lymphoma.



Figure 1. Facial oedema.

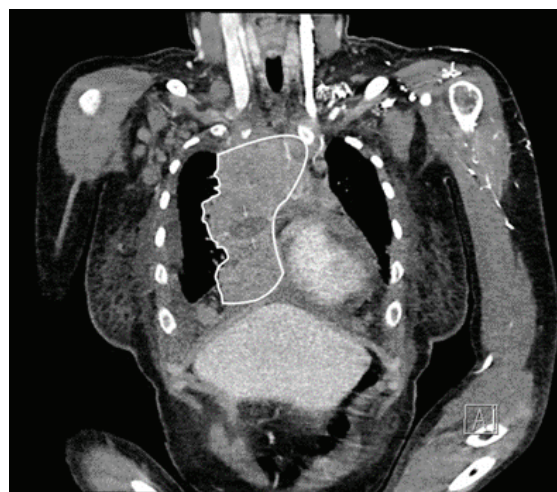


Figure 2. CT image of mediastinal mass outlined in white and necrotic centre (grey arrows).

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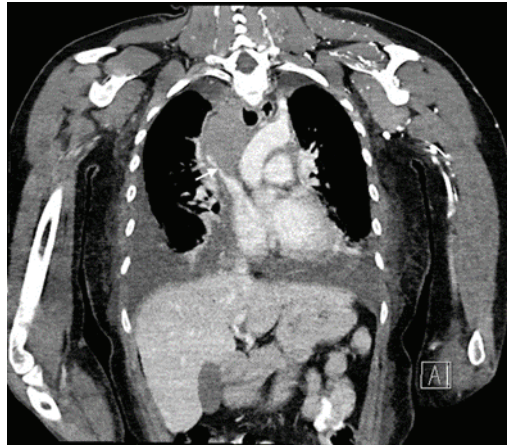


Figure 3. Almost complete SVC obstruction (white arrow).

Spontaneous angioedema tends to respond well to steroids and antihistamines and generally resolves over hours to days. It typically affects the face, lips and throat, but tends not to cause swelling of the neck, back and chest, and alternative diagnoses should be sought in these cases.

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