Letter to Editor
Eurasian Journal of Critical Care

Quincke Disease in Earthquake Zone

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Dear Editor,

We are writing this article to share with you that rare cases that we have not thought of may have increased in the earthquake zone and to be aware that pollution in the region may trigger allergic reactions, including anaphylaxis. We share with you two cases of Quinke's Disease, which is a rare allergic reaction.

Quincke's Disease or isolated uvular angioedema was described in 1882 by German physician Heinrich Quincke. It is a rare angioedema that only affects the upper airway. [1] It is characterized by swelling of the uvula, which rests on the tongue. Symptoms usually include odynophagia, difficulty in managing oral secretions, retching, and a feeling of fullness in the throat. It develops due to type 1 hypersensitivity reaction.It is characterized by a recurrent, localized, ill-defined, non-itchy subcutaneous swelling that usually occurs rapidly and resolves within hours to days. Various etiological factors like food allergy, hereditary angioedema, inhalation exposure, drug reactions and trauma have been implicated. [2]

When I worked in an earthquake zone, there were 2 Quincke's disease applications within a month. Two men, aged 37 and 41, were the patients. They applied to the emergency room with a complaint of foreign body swelling in the throat. There was no fever on physical examination in both of them. Respiratory rate, blood pressure, heart rate, and oxygen saturation were normal. Both were conscious, GKS 15, oriented and cooperative. There was no exposure to any allergens or medication use. No allergy-triggering factor could be identified in their history. They did not have any disease. It was learned that one of them had previously had the same attack on Mount Ararat, while the other patient had the first attack in his life. After 2 repeated doses of dexamethasone (8 mg), chlorpheniramine maleate and inhaled corticosteroid treatment, the patients' uvula edema resolved. Epinephrine was not administered to both patients. After eight hours of follow-up, they were discharged with a completely normal physical examination.

In the medical treatment of Quincke's edema, H1 and H2 antihistamines, inhaled and parenteral corticosteroids, and inhaled epinephrine are usually sufficient. Parenteral epinephrine may be necessary only in severe cases that do not respond to treatment.

The fact that we encountered 2 cases of Quincke edema, a rare allergic reaction, within 1 month in a district public hospital with a low number of daily patient admissions in the period after the earthquake, made us think that asbestos and other substances that increased after the earthquake could trigger Quincke edema.

In the literature, in the study conducted by Kenneth et al., published in the New England in 1994, it was observed that anaphylactic reactions developed in 5 alpine skiing athletes who received abrasion injuries on asbestos-cement ground within a two-week period. [3]This reminded us that one of our patients had his first attack on Mount Ararat and that Mount Ararat is rich in asbestos.

Asbestos, as we know, is a very powerful carcinogenic substance.We need more studies to say whether there is a triggering factor for Qincke's edema. While writing this article, we aimed to be prepared for such cases that may be encountered in the earthquake region, to differentiate it from anaphylaxis, to avoid unnecessary parenteral epinephrine administration, and to reveal that asbestos may have effects beyond what we know.

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