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LETTER TO THE EDITOR

MDMA-induced angioedema treated with icatibant

Sir,

We thank the interest shown by Hayes and Wilkerson in our letter.[1] We welcome the comments they made, but we would like to make some considerations. They think that angioedema cannot be attributed to previous consume of 3,4-methylenedioxy-methamfetamine (MDMA). We agree that the mechanism by the MDMA and other different drugs that angiotensin-converting enzyme (ACE) inhibitors induced angioedema is not known. However, the relationship between intake of MDMA and the appearance of angioedema seems clear. In addition, treatment with corticosteroids, antihistamines, and adrenaline failed to improve the swelling, while a fast response after icatibant administration was observed. It is possible that, as argued Hayes and Wilkerson, the cause could be idiopathic, and that the improvement in inflammation may be due to the natural evolution of the process. However, the rapid resolution of the condition after administration of icatibant suggests that this patient's angioedema is not due to the release of histamine, and that bradykinin could have played a role is its pathogenesis. The mechanism by which MDMA is able to produce angioedema is beyond scope of our letter.

Second, Hayes and Wilkerson also affirm that the patient consumption of MDMA cannot be ensured. In fact, confirmation with GC/MS is not performed in our patient. However, in habitual clinical practice, the recognition by the patient of having used an abuse substance and its detection in a urine drug screening is enough to accept their consumption.

We agree that treatment with icatibant in cases of angioedema induced by ACE inhibitors has little scientific evidence. Nonetheless, due to lack of comprehensive, controlled, and well-designed studies, on the last Consensus Report from the Hereditary Angioedema International Working Group, is proposed that the treatment of the "no C1-inhibitor hereditary angioedema can just be treated off label based on small noncontrolled studies and expert experience".[2] This recommendation is based, in part, in the study of Bas et al.[3]

Finally, the price of a single dose of icatibant in Spain is around 1300 euros. We agree that this treatment is expensive, but the cost of an eventual cricothyroidotomy or tracheostomy and the posterior hospitalization in patients with angioedema and airway compromise would be higher than this price. For this reason, we believe that in patients with a similar situation that presented in our letter, the administration of icatibant could be a good option.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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