Angioedema is a serious inflammatory drug reaction involving subcutaneous or submucosal swelling, which can be deadly when the tongue or upper airways are involved. Multiple case reports have shown an association of angioedema with multiple antipsychotics including chlorpromazine, clozapine, haloperidol, iloperidone, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone. Unfortunately, cross-reactivity within antipsychotic classes is a concern when determining subsequent treatments in patients with ongoing psychosis, though there is limited literature regarding this. Here, we present the case of a patient with angioedema initially attributed to clozapine which was recurrent with risperidone whom we successfully treated with fluphenazine.

**CASE**

- Ms. R, a 55 yo with hypothyroidism, HTN, schizoaffective disorder, and pseudocyesis presented with dyspnea of several hours’ duration. She was found to have angioedema, requiring fiberoptic intubation (Figure 1), which was initially attributed to cavadilol given prior allergy to antihypertensive medication.
- Psychiatry consulted due to concern that clozapine had caused swelling; it was added during a recent hospitalization. During the same hospitalization, patient also had an episode of angioedema ultimately attributed to lisinopril.
- After discussion with care teams, risperidone 1mg BID (previously tolerated) was started given ongoing psychosis.
- Patient again developed angioedema requiring epinephrine and dexamethasone.
- Washout period instated with plans for loxapine initiation in controlled environment (ICU) after 5-7 period given prior report of success in a cross-tolerance SGA case.
- Patient later reported she had not been taking clozapine at home and had restarted prior risperidone because she was concerned clozapine would harm her pregnancy.

**BACKGROUND**

Consider antipsychotics as a cause of angioedema. While angioedema usually occurs within the first week of initiating new therapy, attacks can occur weeks or months after initiating a new medication. Ms. R had multiple prior successful trials with risperidone in the past without issue.

**DISCUSSION**

- Decision made not to restart clozapine due to ongoing pseudocyesis and likelihood that patient would self-discontinue.
- After a 6-day washout, patient trialed on fluphenazine 2.5 mg, which was chosen because it could be diluted for graded challenge in ICU. Pharmacy was unable to dilute loxapine.
- As there were no adverse reactions, dosing increased to 5 mg QHS at time of discharge 4 days later.
- She continues to do well, without recurrence of angioedema.

**REFERENCES**