CONTINUING MEDICAL EDUCATION EXAMINATION

Consensus Statement on the Diagnosis of Angioedema Mediated by Bradykinin

Part II. Treatment, Follow-up, and Special Situations

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CME Items

1) Which of the following is the mechanism of action of icatibant acetate?
   a. Kallikrein antagonism
   b. C1 inhibitor replacement
   c. Blockage of bradykinin 2 receptor
   d. None of the above
   e. B and C

2) Regarding treatment of acute angioedema attacks in patients with hereditary angioedema due to C1 inhibitor deficiency, which of the following statements are true?
   a. Adrenaline is highly effective for the treatment of glottic edema
   b. Fresh frozen plasma is the treatment of choice
   c. Antihistamines produce a quick improvement
   d. Corticosteroids must be used as early as possible
   e. Adrenaline, antihistamines, and corticosteroids are inefficacious

3) Which of the following are characteristic of angioedema due to acquired C1-INH deficiency?
   a. A similar response to plasma-derived human C1 inhibitor as the hereditary form
   b. Better response to antifibrinolytics than the hereditary form
   c. Better response to androgens than the hereditary form
   d. None of the above
   e. A, B, and C are true

4) Which of the following are true about long-term treatment in patients with hereditary angioedema due to C1 inhibitor deficiency?
   a. It is indicated when the patient has at least 1 edema episode in a year
   b. Plasma-derived C1 inhibitor is the treatment of choice
   c. Antifibrinolytics are more efficacious than attenuated androgens
   d. The minimal effective dose should be used
   e. All the answers are true

5) Ecallantide, previously known as DX-88
   a. Is a blocker of type II bradykinin receptors
   b. Is a potent and selective inhibitor of human kallikrein
   c. Has proven effective in the treatment of acute edema episodes in patients with hereditary angioedema type III in clinical trials
   d. Can be used as long-term prophylaxis or maintenance treatment in patients with hereditary angioedema due to C1 inhibitor deficiency
   e. All the answers are true

6) What recommendation should be made to a woman with hereditary angioedema due to C1 inhibitor deficiency who wants to have children?
   a. If she has an angioedema attack during pregnancy no drug can be given; she should attend an emergency room to receive support treatment (intravenous fluids, antiemetics, analgesics, tracheotomy if necessary)
   b. If she were taking attenuated androgens, she should stop taking them 1 month before conception
   c. During pregnancy, the treatment of choice for acute edema attacks is corticosteroids, as a good response has been observed in hyperestrogenic states
   d. The risk of transmitting the disease to her offspring is 100%
   e. There is no risk of disease exacerbation during pregnancy

7) A patient with hereditary angioedema due to C1 inhibitor deficiency who is receiving long-term treatment with stanazolol at 2 mg/day and needs a tooth extraction should
   a. Continue with the usual treatment and add a nonsteroidal anti-inflammatory drug to avoid local inflammation
   b. Suspend her usual treatment and take prophylaxis with icatibant acetate for 2 days before the procedure and 2 days after the procedure
   c. Increase the dose of stanazolol up to 4-6 mg/day from 2 days before procedure and until 7 days after extraction
   d. Administer intravenous plasma-derived human C1 inhibitor concentrate 1 to 4 hours prior to tooth extraction
   e. Not receive prophylaxis. Acute treatment (pdhC1INH, icatibant acetate, ecallantide, or rhC1INH) should be available in case of an attack during the procedure

8) In the clinical follow-up of patients with hereditary angioedema due to C1 inhibitor deficiency
   a. The possible secondary effects of long-term prophylaxis should be closely monitored
   b. The dose should be adjusted based on C1 inhibitor levels
   c. Serological monitoring should be performed
   d. All the answers are true
   e. Answers A and C are true

9) If a patient comes to the emergency room with severe tongue edema without urticaria and has been taking enalapril for the last 3 years
   a. Treatment with corticosteroids and antihistamines is very efficacious
   b. Subcutaneous adrenaline can quickly revert the edema
   c. Preparations should be made for an emergency tracheotomy
   d. Icatibant acetate could be effective in resolving the angioedema
   e. Answers C and D are correct

10) A 9-year-old girl diagnosed with hereditary angioedema due to C1 inhibitor deficiency (HAE-C1INH) who is having moderate peripheral and abdominal attacks twice a month and has never received long-term prophylaxis for her condition should
   a. Initiate treatment with low-dose oral stanozolol
   b. Not initiate any long-term prophylaxis, because all the treatment alternatives are contraindicated
   c. Initiate treatment with oral tranexamic acid
   d. Initiate treatment with intravenous plasma-derived C1 inhibitor twice a week
   e. Not initiate any long-term prophylaxis, because the frequency of edema attacks is low and the location is not life-threatening.