E. Discontinuation of lisinopril.

Although the lists of diagnoses causing dyspnea and cough are long, the patient under discussion has the additional symptom that her throat feels like it intermittently "closes up." This additional symptom suggests that her syndrome is due to intermittent edema of the mucous membranes of the pharynx or larynx. Since angiotensin converting enzyme inhibitors (ACEIs) such as lisinopril are known to cause angioneurotic edema and cough, and these side effects disappear when the drug is stopped, lisinopril should be discontinued before ordering other tests. While the mechanism is unknown, cough occurs in 5% to 20% of patients treated with ACEIs, and angioedema occurs in 0.1% to 0.2%. The onset of these symptoms after an ACEI is prescribed can vary from days to months. While cough is more of a nuisance, angioedema can potentially be fatal. Cough will usually abate within days to weeks of discontinuing the drug; angioedema will abate within hours. Only if angioedema persists after discontinuing lisinopril should one consider ordering a serum C esterase inhibitor level to assess for an acquired deficiency of complement 1- esterase inactivator, or barium esophagography or prolonged esophageal pH monitoring to assess for gastroesophageal reflux to the level of the upper respiratory tract. Methacholine inhalation challenge has not been shown to be helpful in evaluating upper respiratory tract diseases.


