Increased prevalence in head and neck MRSA infections since 2005

Typical MRSA of the head and neck includes sinustitis, otitis, periorbital cellulitis, cervical lymphadenitis, tonsillitis, thyroiditis, retropharyngeal abscess and abscesses and wounds of the neck

Symptoms include pain, erythema, edema, sometimes report of a skin lesion, all of which are easily identifiable to the trained eye

Few cases of facial or lip MRSA mimicking angioedema in the literature

A case was reported of a 31 year old seen in the ED with lower lip swelling

Initially diagnosed with an allergic reaction, treated with steroids and discharged from the ED

Several days later patient returned with increased lip swelling, fever, chills, and cough

Patient ultimately succumbed to necrotizing MRSA pneumonia, likely stemming from his MRSA lip abscess

Patient described in the case presented received treatment for a suspected acute attack of idiopathic angioedema with first line treatments of antihistamines, corticosteroids and epinephrine

Lack of response to treatment → ENT consultation

Though hereditary angioedema or acquired c1 esterase deficiency angioedema would be unlikely to respond to these initial therapies, the patient’s lack of systemic symptoms, identifiable trigger, family history or prior episodes make these diagnoses less likely

Cellulitis was introduced into the differential once the patient remembered the had a “pimple” on his lip several days prior

With consultation of ENT decision to start antibiotics was made and incision and drainage performed by ENT which yielded 10cc of purulent discharge later identified to contain MRSA

Patient had clinical improvement and was discharged several days later

CONCLUSION / CLINICAL SIGNIFICANCE

This case illustrates a unique case of MRSA lip cellulitis manifesting as angioedema. As an emergency physician it is important to develop a broad differential diagnosis when presented with different pathologies. With the increased frequency of CA-MRSA and by illustrating this case and a fatal case described in the literature, it is important to consider cellulitis as well as angioedema when confronted with lower lip swelling in the Emergency Department.