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#### **Doctor: why does my face swell? Should I take it seriously?**

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**Background & Aim:** Facial swelling (FS) is a common sign in Primary Care Centers (PPC) attention. Some FS etiologies can be alarming and an early, accurate differential diagnosis is needed: dermatological (allergic reaction, urticaria), infectious (sinusitis, odontogenic process), immunological (hereditary angioedema, connectivopathy), thoracic compression (superior vena cava syndrome (SVCS), tumors, aortic aneurysm). We aim to describe a special case of FS.

**Methods:** 57-year-old Caucasian male, former smoker 110 pack-years, previous history of hypertension, long-term type 2 diabetes, dyslipidemia and 2 myocardial ischemic events, following pharmacological treatment (PT) for each condition. Patient attended in our PCC because of a sudden onset of low-facial edema, pruritic erythematous rash on face and neck. No trauma or suspicious food/topical substances contact. Five days before, his regular dyslipidemia PT, producing a gynecomastia second-side effect for 6 months, was changed. Oriented as an allergic drug reaction, symptomatic PT was prescribed. Few days later, state of patient became worse: minor effort dyspnea appeared, edema and tightness anterior cervical increasing, oriented as a case of goiter by palpation.

**Results:** Despite ultrasound presented hypoechoogenic nodules, thyroid disorder was quickly ruled out by blood test. Patient showed worsening of dyspnea, facial edema progression and recent thorax venous collateral circulation on a new examination, then referred to the hospital under suspicion of SVCS. There, urgent computed tomography revealed right paratracheal mass causing SVCS, and lung adenocarcinoma final diagnosis confirmed by adenopathy biopsy and positron emission tomography; both treatment of cancer and relief of obstruction symptoms were immediately adopted.

**Conclusions:** Precise anamnesis and exploration in FS in Primary Care is essential to provide an early vital diagnosis and treatment. Among them, SVCS is a medical emergency. Intrathoracic malignancies are responsible for 60–85% of SVCS cases, small cell lung cancer the most common. Management is guided by severity of symptoms and the underlying malignancy.