

	cutaneous swellings		abdominal attack	laryngeal attack
	other than face, neck	face, neck		
Wait and see (spontaneous resolution)	+/-	-	-	-
Plasma-derived C1 INH (pdC1INH) ¹ Icatibant ¹ ; Ecallantide ^{1,2,3}	+/-	+	+	+
ICU (intubation ⁴ , tracheotomy)	-	-	-	+

General measures for treatment of acute attacks:

- **treat as early as possible in an attack**

1. Dosages

- Plasma-derived C1 INH (pdC1INH) (intravenous): 20 units/kg (see section VII.1 for other dose comments)
- Icatibant – 30 mg subcutaneously (adults) (Firazyr ® (Jerini/Shire) - approved for use by the European Medicines Agency (EMA) for use in the European Union 2008; not approved USA)
- Ecallantide - 30 mg subcutaneously (adults) (Dyax, DX-88 Kalbitor®) – (approved USA 2009; under review Europe)

2. Recombinant C1-INH conestat alfa, Rhucin ® under FDA and EMA review

3. If First Line Drugs not available, consider solvent detergent treated plasma (SDP) or less safe frozen plasma. Some patients on anabolic androgens can abort attacks by doubling their dose at the first signs or prodrome of an attack

4. Intubation: consider **early** in progressive laryngeal edema