

AN UNUSUAL CASE OF AN ELONGATED UVULA CAUSING DIFFICULTY DURING MASTICATION

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ABSTRACT

The uvula is a downward projection of the posterior margin of the soft palate, which is formed by the musculus uvulae muscle. An elongated uvula can be associated with various problems such a chronic cough, difficulty in speech, upper airway obstruction or irritation. Here we present a case report of a patient with a long uvula causing difficulty in speech, chronic cough and biting of the uvula during mastication. The patient underwent uvulectomy and was symptomatically relieved.

KEYWORD: The uvula is a downward symptomatically relieved.

INTRODUCTION

The uvula is closely related to the soft palate anatomically, and is important for the functional movements of the oropharyngeal isthmus. A long uvula can flop down and be in contact with various structures in the upper airway at the junction of the oropharynx, leading to mechanical irritation.^[1] Elongated and floppy uvulas are rare. It may be associated with obstructive sleep apnea, chronic cough, continual hawking and foreign body sensation in throat and speech difficulties. Uvulectomy is the main stay of treatment.

CASE REPORT

A 17-year-old male presented to the ENT OPD with complaints of recurrent cough for the past 2 months with continuous hawking, foreign body sensation and occasional biting of the uvula during mastication. The coughing episodes were observed during the daytime after swallowing solid or semisolid food items or while lying supine at night. Patient also

complained of difficulty in speech. He had no history of URI, fever, breathlessness, vomiting or any recent surgery. On clinical examination, an elongated uvula, approximately 5 cm was seen resting over the posterior dorsal surface of the tongue [Figure 1a,b]. Routine blood investigations and X-ray soft tissue neck lateral view were normal. Patient underwent Uvulectomy under general anaesthesia and a part of the uvula measuring 4 cm was excised using diathermy, leaving around 1 cm in position [Figure 2]. The postoperative period was uneventful. Post operatively, patient was symptomatically relieved.



Figure 1a: Preop picture showing elongated uvula.



Figure 1b: Pre op Picture.



Figure 2: Post op picture.

DISCUSSION

The uvula is a soft tissue appendage of the soft palate, which is formed by the fusion of the two halves of the soft palate and is essential in producing a tight seal during mastication and speech in the oropharynx. The soft palate and uvula are highly compliant and tend to collapse during functional movements of the pharynx and sleep.^[2] Elongated uvulas can lead to various problems.

One of the important complications of an elongated uvula is Obstructive sleep apnea syndrome (OSA) in which the patient does not tolerate positive airway pressure therapy.^[3] Zonata *et al*^[4] has suggested that one of the predisposing factors of OSA is an elongated uvula. There have been case reports on the long uvulas causing mechanical irritation of the epiglottis or vocal cords. Uvulectomy was done in these cases and the patients were symptomatically relieved.^[1,5] It has been suggested that elongated uvulas could lead to obstructive apnea and sudden infant death syndrome.^[6] An abnormally long uvula was detected in a case of near miss sudden infant death syndrome, with relief from apnea after uvulectomy was performed.^[7] Cough is a protective reflex of the human body but it presents as a common complication of elongated uvula.

The treatment for long uvulas aims at removing the source of irritation of the upper airway and thus maintaining a positive airway pressure therapy. Surgical methods required for treatment of long uvulas include uvulectomy, uvulopalatopharyngoplasty, laser-assisted uvulopalatoplasty and Radiofrequency of the soft palate along with adenotonsillectomy.^[2] There has been ample evidence, which states that uvulectomies were performed as ancient surgical practices among traditional healers for diseases like chronic tonsillitis, pharyngitis, and laryngitis in many parts of Africa.^[8]

CONCLUSION

This case is reported to highlight the importance of a thorough clinical examination, which can help point us towards the exact etiology and helps to avoid ordering unnecessary investigations for the patients.

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