



A Rare Case of Uvula Tail

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ABSTRACT

Uvula tail is relatively an uncommon condition. Patient also presents with difficulty in fluency of speech and chronic cough. Upper airway obstruction is often a missed complication of such a rare condition. Clinical presentations of upper airway obstruction often mimic asthma. 10 years old boy came to our OPD with difficulty in fluency of speech. No other complaints and was evaluated. Once diagnosed, the management of elongated uvula, almost exclusively, is surgical excision leading to total cure. It is a case report of such a rare condition.

Key Words: *Uvula tail, Fluency of speech and chronic cough, Mimic asthma.*

Introduction

Disorders of the palatal uvula is one of the least highlighted areas of medical literature, inspite the fact that uvula is a key organ in functions like speech, deglutition and mastication. Disorders affecting upper airways are considerably less common than lower respiratory tract diseases but definitely not less important for several reasons. Patients with uvula tail having difficulty in fluency in speech are rare. Patient may also develop chronic cough, dysphagia. Patients presenting with obstructive symptoms are often misdiagnosed and unsuccessfully treated as bronchial asthma. Elongated uvula is relatively an uncommon condition. Upper airway obstruction is often a missed complication of such a rare condition.

A Case Report

A 16 years old boy came to general surgery outpatient department RMMCH, Chidambaram with chief complaints of difficulty in fluency of speech. He had no other complaints.

There was no relevant medical and family history. On general examination the patient was moderately built and nourished. Head to toe examination showed no other congenital abnormalities.

On intraoral examination no abnormalities were detected in the palate. Uvula was visualised with tongue depressor and uvula was found to be elongated and the distal end of uvula was free as in figure (1). No other uvula congenital malformation seen.

A diagnosis of uvula tail was made and was investigated. Later surgical excision of uvula tail was planned and was excised as in figure (3).



Figure 1: Showing uvula tail, distal part freely mobile.

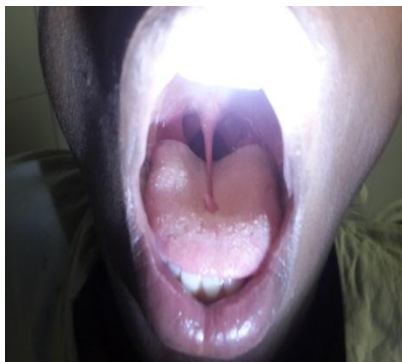


Figure 2: Showing uvula tail.



Figure 3: Showing after excision of uvula tail.

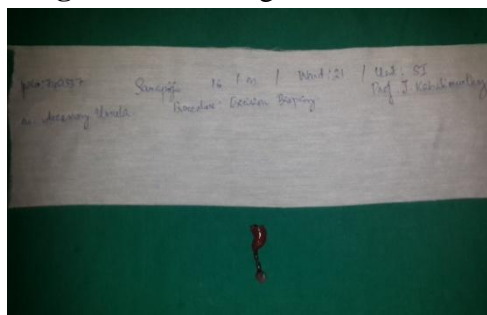


Figure 4: Showing excised uvula tail.

dorsum of the tongue from the free posterior margin of the soft palate. The uvula helps to prevent the soft palate being forced into the nasopharynx or mouth when it is resisting pressure differences between these and the oral part of the pharynx as in coughing or sneezing. Among them uvula tail is a rare condition. Patients with elongated uvula are mostly asymptomatic. Rarely they present with symptoms like difficulty in fluency of speech, chronic cough. Chronic cough results from irritation of posterior pharyngeal wall, patients may also present with difficulty in breathing during night. Upper airway obstruction is often a missed dangerous complication of this rare disease. Video laryngoscope will be useful to confirm the diagnose the finding. Once diagnosed, the management of elongated uvula, almost exclusively, is surgical excision leading to total cure. it is a case report of such a rare condition.

Conclusion

Uvula tail may cause symptoms like chronic cough, slurred speech, dysphagia and rarely upper respiratory tract obstruction. Surgical excision can lead to complete cure.

Reference

First case to be reported still date.

Discussion

Congenital disorders of the palatal uvula is one of the least highlighted areas of medical literature, inspite the fact that uvula is a key organ in functions like speech, deglutition and mastication. Uvula is the part which hangs down to rest on the