Clinical Report

ISOLATED UVULITIS: AN UNCOMMON BUT NOT A RARE CLINICAL ENTITY

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ABSTRACT: *Infections of uvula have been described in association with group A streptococcal pharyngitis (Rapkin, JAMI, 43, 1980, 1843), or Haemolytic influenzae type b epiglottitis. Medicine (Gorjinkel H J, 58, 1979, 80) however, to our knowledge, only two cases of isolated uvulitis are reported in world literature. We report five cases of isolated uvulitis in adults.*

Key Words: *Epiglottitis, isolated uvulitis, pharyngitis*

Acute painful swelling of uvula is an uncommon infectious condition. Uvular enlargement frequently accompanies pharyngitis or epiglottitis.[1] The classic reports of uvulitis highlight the association of uvulitis with epiglittitis, a life-threatening condition.[2] Some authors associate uvulitis with allergic angioedema.[3] Karl, Li is the only author reporting two cases of isolated uvulitis. Here, we are reporting five cases of isolated uvulitis seen in the last 2 years.

CASE REPORTS

Case 1

A 24-year female, came with 3 days history of throat pain, difficulty in swallowing, and fever. On examination, uvula was enormously enlarged and erythematous. Other areas like tonsils, epiglottis, and pharynx were normal. Laboratory data were within normal limit except neutrophilia. Culture from uvular swab showed coagulase positive streptococci. The patient was given parenteral crystalline penicillin. She was symptom free the next morning. The edema and congestion of the uvula were dramatically reduced.

Case 2

A 25-year-old male, presented with throat pain and fever for the past 4 days. The patient had pain during swallowing of food. On examination, patient had enlarged congested uvula as the only positive finding [Figure 1]. Investigations showed mild neutrophilia with sterile culture of uvular swab. The treatment with crystalline penicillin gave good response within 12 h.

Case 3

A 47-year-old male, came at night with sudden choking, throat pain, and fever for the past 2-3 h. On examination, there was huge edema of 2 ! 3 cm size of uvula with congestion [Figure 2]. Other areas were normal. Laboratory data were mild neutrophilia with sterile culture report. Patient responded within 6 h to amoxycillin.

Case 4

A 52-year-old male, came at night with throat pain, choking, and mild fever. On examination, there was congestion and edema of uvula (1.5-2 cm) [Figure 3] . Tonsils, pharynx, and epiglottis were normal. Laboratory data showed mild neutrophilia with sterile culture of uvular swab. He responded very well to amoxycillin. Uvular edema was completely reduced within 2 days.

Case 5

A 28 years old patient presented with the complaint of throat pain of 1-day duration. The pain increased on swallowing. There was no history of common cold, cough, choking, or fever. On examination, there was acute congestion of the uvula but no edema. Tonsils, pharynx, and epiglottis were normal. Total WBC count was within normal limits. The culture of the swab taken from uvula revealed coagulase positive Haemolytic streptococci. She was given a combination of amoxycillin (250 mg) and cloxacillin (250 mg) three times a day. She was relieved from her pain on the next day. The congestion of the uvula was also reduced.

DISCUSSION

Current reports of uvulitis link uvulitis with group A streptococcal phary-ngitis[1] or *Haemophilia influenzae* type b epiglottitis.[4] These reports highlighted the importance of diagnosing the underlying epiglottitis, which may become an emergency.[2] Allergic edema of uvula (Quincke's edema) has been described wherein uvula is grossly enlarged but not erythematus. Fever and pain will be absent.

Swelling and inflammation of uvula may be the result of

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Figure 1: Enlarged congested uvula

Figure 2: Uvula with congestion

Figure 3: Congestion and edema of uvula

pharyngitis caused by agents capable of acute inflammation of facial structures.

Uvulitis has not been previously described as a clinical entity occurring in the absence of pharyngitis or epiglottitis, except by Karl, Li et al,[5] who reported two cases of isolated uvulitis (one case of 3.5-year-old boy and another 7-month-old child, the causative organism was *H. influenzae* type b).

We have presented five cases of uvulitis associated with neither tonsillopharyngitis nor epiglottitis. All cases presented with sudden onset of throat pain, choking, odynophagia, mild fever, and severely congested uvula. Laboratory investigations were normal except mild neutrophilia.

In the first and the last cases, the culture showed coagulase positive streptococci. Other cases showed sterile culture perhaps because of the fact that antibiotics were given before culture swab was taken (patients were admitted at midnight).

From these case reports, it is apparent that the focus of infection is uvula, occurring in adults with acute onset and respond to penicillin immediately.

The organisms may be the same as bacteria-causing upper respiratory tract infection. In Karl L. Li's two cases, *H. influenzae* type b was the causative organism.

CONCLUSION

Isolated uvulitis may not be very rare. It can occur in isolation or with epiglottitis. The cases might have been overlooked by general practitioners as simple pharyngitis and treated by them successfully. Still, in a case of uvulitis, one has to examine for underlying epiglottitis, which can occur both in children and adults. A lateral view of neck for ruling out epiglottitis especially in children should be taken. Treatment of uvulitis is easy as response to penicillin group of drugs is excellent.

REFERENCES

1. Rapkin RH. Simultaneous uvulitis and epiglottitis, JAMI 1980;43:1843.
2. Gorjinkel HJ, Everett ED. Haemophilus influenzae infections in adults, Report of nine cases and a review of the literature, Medicine 1979;58:80-94.
3. Deweere DP, Saunders WH. Textbook of Otolaryngology, 6th Ed., St. Louis: CV Mosby; 1982. p. 53.
4. Hirschmann KL, Wald ER. Uvulitis in children. Paediatr Infect Des 1983:2:392-3.
5. Karl L. Li MD, Sharon, et al. Isolated uvulitis due to Haemophilus influenza type b, Paediatrics 1984;74:1054-7.