

Double Uvula in a Fifty-Six-Year-Old Woman

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Introduction: Deformities of the uvula are considered as the dark area of otorhinolaryngology practice. This little and plain part of the human organism has various functions and its abnormalities might cause serious disabilities.

Case Presentation: In our case report, we present a unique deformity of the uvula in a 56-year-old woman.

Discussion: The aim of this report was to present a very rare condition, unique case "polyuvula", and to review the literature regarding other uvula abnormalities.

Keywords: Uvula; Case Reports [Publication Type]; Otolaryngology

1. Introduction

Uvula is mucosa covered muscular elongation of the free posterior margin of soft palate (1). Theories about the reason of its existence in this part of the soft palate are controversial. From ancient times to date, uvula was positioned at the center of diverse health problems, ranging from infectious maladies to allergic reactions (2). These unfortunate beliefs are generally ended with the excision of this organ. Although this organ seems as an unimportant and plain part of the body, it might express various types of anomalies alone or as a part of a syndrome (3). While these deformities are generally related with cleft palate, isolate anomaly of the uvula is quite rare. In our report, we aimed to present a unique case that was referred with a complaint of separate soft tissue in the middle of the soft palate to Izmir Bozyaka Teaching and Research Hospital in January 2014, and was diagnosed with unique deformity of uvula (polyuvula). We also aimed to review the literature regarding deformities of uvula.

2. Case Presentation

A 56-year-old woman was admitted to our clinic with a history of sore throat for three days. Her pain was also referring to her left ear. In her head and neck examination, otoscopy and anterior rhinoscopy findings were insignificant. In her oropharyngeal examination, pharyngeal arches and posterior pharyngeal wall were hyperemic and edematous with an accompanying left upper jugular lymphadenopathy. In addition, we examined a uvula-like elongation from the middle of the soft palate, apart from the original uvula (Figure 1). In her medical history, we learned that the patient was aware of her soft palate anomaly; however, she had used to live with this with-

out any complaint. We administered an oral empiric antibiotic therapy and anti-inflammatory drug for acute lymphadenitis. After two weeks and with a ten-day antibiotic therapy, patient was free of lymphadenopathy or any complaints.



Figure 1. Double Uvula in a Fifty-Six-Year-Old Woman

3. Discussion

In Latin language, uvula means “little grape”. This little structure means more than just a grape for ear, nose, and throat surgeons, especially in sleep medicine and sleep-related pathologies (4). In addition to these modern medical practices, there are many ancient doctrines about uvula, particularly in Western Africa where uvula is connected to various health problems and uvulectomy is commonly performed to prevent neonates from diseases such as upper respiratory tract infections and chronic coughing. It is also performed to facilitate breastfeeding and speech, improve tolerance to dehydration, and prevent airway obstruction (5, 6). Although these marvelous effects seem unrealistic, uvulectomy might be considered logical for heavy snorers (4). Nonetheless, uvulectomy is not a complication-free procedure and numerous problems might be seen after uvulectomy including velopharyngeal insufficiency and pharyngeal dryness (7). Various theories have been proposed about the functions of the uvula: 1) It prevents hypernasality by sparing oropharynx from nasopharynx together with soft palate (8); 2) It acts as a drain for the nasal mucous secretions by directing its flow toward the tongue base (9); 3) Olofsson et al. showed that uvula might have an immunological effects (10); and 4) It has a role in the production of uvular sounds present in some languages such as French and Arabic languages (11). With the abnormalities of uvula, these tasks would fail and serious problems occur. These uvular anomalies are generally accompanied by the soft palate abnormalities. The mildest form of uvular abnormality is bifid uvula. More serious forms are generally seen with the major defects of palate. In our case, duplicated uvula seemed

harmless and was not related to any kind of complaint. Aberrant and elongated uvula is another reported type of uvular abnormality (2). In their case report, Nachman et al. reported an unexpected death of an infant due to an abnormally elongated uvula. Although duplication of uvula seems harmless, other abnormalities of uvula and soft palate might compromise the palatal dynamics and need to be rehabilitated (2).

References

1. Romanes GJ. *Cunningham's Manual of Practical Anatomy Volume Three*. 15th ed: Oxford Medical Publications; 2003.
2. Nachman R, Krispin A, Nnoli M, Hiss J. Infantile asphyxia due to aberrant uvula—an anatomic misadventure. *J Forensic Leg Med*. 2010;**17**(7):401-3.
3. Stoler JM, Rogers GF, Mulliken JB. The frequency of palatal anomalies in Saethre-Chotzen syndrome. *Cleft Palate Craniofac J*. 2009;**46**(3):280-4.
4. Aneeza WH, Marina MB, Razif MY, Azimatun NA, Asma A, Sani A. Effects of uvulopalatopharyngoplasty: a seven year review. *Med J Malaysia*. 2011;**66**(2):129-32.
5. Ijaduola GT. Uvulectomy in Nigeria. *J Laryngol Otol*. 1981;**95**(11):1127-33.
6. Apffel CA. Uvulectomy, Ethnic Mutilation of Prophylactic Surgery? An Oriental Tale. *JAMA*. 1965;**193**:164-5.
7. Jacobson R, Ladizinski B, Lee KC. Uvulectomies and associated complications. *JAMA Dermatol*. 2013;**149**(1):32.
8. Croft CB, Shprintzen RH, Daniller A. The occult submucopus cleft palate and the musculus uvulae. *Cleft Palate J*. 1978;**15**:150-154.
9. Delavan DB. *Uvula and soft palate anatomy*. In *Reference Handbook of the Medical Sciences*. New York: William Wood and Company; 1923.
10. Olofsson K, Hellstrom S, Hammarstrom ML. Human uvula: characterization of resident leukocytes and local cytokine production. *Ann Otol Rhinol Laryngol*. 2000;**109**(5):488-96.
11. Back GW, Nadig S, Uppal S, Coatesworth AP. Why do we have a uvula?: literature review and a new theory. *Clin Otolaryngol Allied Sci*. 2004;**29**(6):689-93.