

Images in medicine

Elongated uvula and chronic pharyngitis

Úvula elongada y faringitis crónica



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A 32-year-old man presented cough, globus sensation, and dysphagia in the last month. Additionally, over the previous 3 days, he had suffered positional crises of asphyxia while lying down. These crises were solved either by coughing or changing position. He had no significant medical history. Otolaryngological examination showed an elongated uvula (EU), chronic pharyngitis (CP), and an adenoid hypertrophy (Fig. 1). Domiciliary therapy with oral omeprazole (20 mg per day for 1 month) and low-dose prednisone (30 mg per day for 1 week) was the initial approach. The adenoid tissue was biopsied, and the histopathological exam was compatible with adenoid hypertrophy. After 10 days, the symptoms were absent, but the uvula and pharyngeal mucosa appearance were identical. At this point, the patient expressed his desire to avoid any treatment. After 1 year of follow-up, there were no clinical changes.

The uvula and its diseases are not well-documented. It consists of connective tissue, seromucous glands, and muscle fibers that contract to rapidly secrete thin saliva, helping to keep the pharynx moist during swallowing and speech. The link between an EU and CP is not well-understood. EU may cause chronic cough by stimulating receptors in the supraglottic larynx, which protects the tracheobronchial structure. In addition, according to the literature uvulectomy may be effective in quickly resolving chronic cough and laryngospasm in patients with EU.

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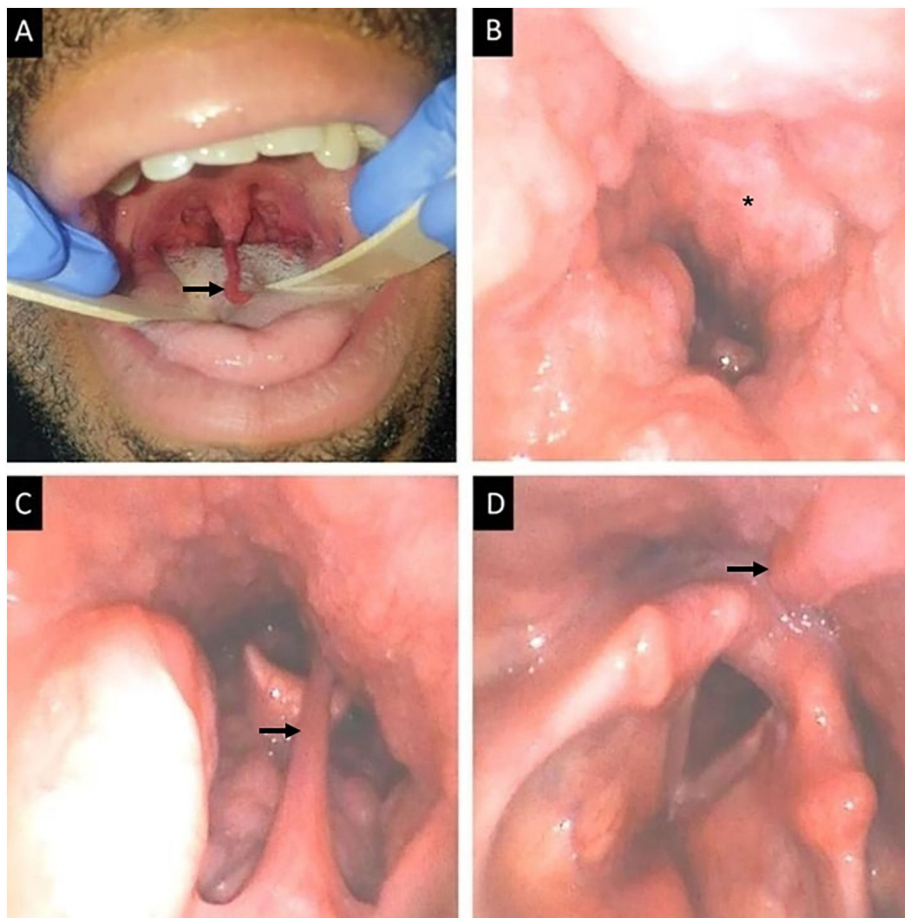


Fig. 1. Elongated uvula, chronic pharyngitis, and adenoid hypertrophy. (A) On oral examination, an extremely elongated uvula (arrow) was observed resting over the tongue dorsal surface. (B) Flexible endoscopic evaluation showed adenoid hypertrophy and a posterior pharyngeal wall with a cobblestone appearance (*), compatible with chronic pharyngitis. (C and D) Flexible endoscopic evaluation showed the uvula (arrow) contacting the free edge of the epiglottis, crossing the supraglottis in a caudal and posterior direction (C) reaching the postcricoid region (D).

Compliance with ethical standards

Informed consent was obtained.

Research involving human participants and/or animals

Study approved to be published by the Ethics Committee of our institution (register code 2023-002-1).

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Declaration of competing interest

None.