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Spontaneous Uvula Hematoma

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Abstract

Uvula hematoma is more commonly seen as a complication of thrombolytics and streptokinase use or after trauma. Although spontaneous uvula hematoma is rare in the literature, we aim to present a rare spontaneous uvula hematoma in our case. A 26-year-old woman was admitted to the emergency service with a feeling of sticking in her throat and difficulty in swallowing. In her physical examination, the uvula was ecchymotic and edematous. She stated that she does not use any antiplatelet and anticoagulant agents. Other system examinations were normal. In some studies, uvula hematoma have been reported after endotracheal intubation and use of antiplatelet. However, uvula hematoma was spontaneously formed in the patient who applied to us. As with all emergency cases, hemodynamic stability and airway patency should be maintained in the first intervention in such airway hematomas. After maintaining the airway, anticoagulation therapy or hematoma drainage, if necessary, constitute the second step of hematoma treatment. The upper aerodigestive system should be checked for bleeding after trauma, endoscopy and intubation, especially in patients with anticoagulant therapy and in patients with systemic bleeding disease.

Keywords: Spontaneous, uvula hematoma, emergency medicine

Introduction

Uvula hematoma is more commonly seen as a complication of thrombolytics and streptokinase use or after trauma¹⁻⁴. Although spontaneous uvula hematoma is rare in the literature, we aim to present a rare spontaneous uvula hematoma in our case.

Case

A 26-year-old woman was admitted to the emergency service with a feeling of sticking in her throat and difficulty in swallowing. There were no features in the patient's medical history. In her physical examination, the uvula was ecchymotic and edematous (Figure-1). She stated that she does not use any antiplatelet and anticoagulant agents. Other system examinations were normal. The vital parameters of the patient were 36.4° C, heart rate 80 / min, TA:125/80 mmHg, respiratory rate 20 / min. The hemogram, biochemistry parameters, CRP and coagulation values of the patient were normal. Ecchymosis and edema in the patient's throat were evaluated as uvula hematoma. The patient was asked for an otorhinolaryngology consultation. Otorhinolaryngologist advised the patient to contact the emergency department again if her symptoms increase. In the absence of any symp-

toms, he suggested elective control in the otorhinolaryngology clinic. The patient, who was followed up in the emergency room for 12 hours and had no complaints during the follow-up, was discharged with recommendations.



Figure-1: Uvula hematoma

Discussion

Previous studies; uvula, mouth, tongue, larynx and hematomas of the face region have been reported. Antiplatelet

treatments, bleeding disorders and traumas have been shown to be the cause of these hematomas^{2,3,5,6}. In some studies, uvula hematoma have been reported after endotracheal intubation and use of antiplatelet^{1,3}. However, uvula hematoma was spontaneously formed in the patient who applied to us. The patient had no history of drug use, systemic disease and trauma. In only one case, we found spontaneous uvula hematoma⁷. As with all emergency cases, hemodynamic stability and airway patency should be maintained in the first intervention in such airway hematomas. After maintaining the airway, anticoagulation therapy or hematoma drainage, if necessary, constitute the second step of hematoma treatment. If the uvula hematoma is not so serious, spontaneous regression occurs within a few days. If possible, discontinuation of anticoagulants may help in the healing period. Hematoma drainage and surgical treatments are rarely required in cases that cause severe airway stenosis^{7,8}. Follow-up was recommended because there was a uvula hematoma in our case which did not cause severe airway stenosis.

Conclusion

In the management of these patients, priority is to maintain airway clarity. The upper aerodigestive system should be

checked for bleeding after trauma, endoscopy and intubation, especially in patients with anticoagulant therapy and in patients with systemic bleeding disease.

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