

Spontaneous uvula hematoma: an unusual case

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ABSTRACT

Hematomas in upper aerodigestive tract are not rare especially in patients with cardiologic conditions. Without comorbidities, it can also be seen after trauma cases. Spontaneous hematoma is a rare clinical condition that needs detailed evaluation especially for hematologic and immunologic disorders. We describe a case with spontaneous uvula hematoma. We describe a case with spontaneous uvula hematoma, without a history of trauma and anticoagulant therapy. We also discussed the management strategies. This patient with those findings, appears to be the first case that was published in the English-language literature.

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Introduction

In literature there were lingual, uvula hematomas cases after thrombolytic treatment with streptokinase or retro- and parapharyngeal haematoma spontaneously [1-3]. We describe a case of spontaneous uvula hematoma.

Case Presentation

A 16-year-old man presented with complaint of a foreign body sensation and difficulty in swallowing in the throat. The patient was admitted to the hospital with a foreign body sensation and difficulty in swallowing in the throat. The patient had no

history of systemic disease or trauma. His complaints started 1 day ago. There was no recent history of endotracheal intubation or other intraoral trauma.

The patient did not have stridor, dyspnea or a change in vocal tone. The patient had no history of systemic disease or trauma. An enlarged and bruised uvula was noted at oral cavity examination. (Figure 1). Other systemic physical examination of the case was normal. The patient's blood panel, platelet count, coagulation studies and peripheral blood smears were normal.

We drained hematoma under local anesthesia with injector. One cc blood was drained. After that 40 mg Prednisolone was injected intravenously.

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We observed patient for a day. After the procedure complaints of patients are reduced. We evaluated the patient in the control examination after three days. He had no complaints. (Figure 2)

Discussion

Hematoma of the uvula, mouth, tongue, sublingual, laryngeal and face have been reported after streptokinase administration or hemophilia [1,2,4,5]. In literature one cases was presented with spontaneous haemorrhage into the retropharyngeal and parapharyngeal space secondary to bleeding from a thyroid cyst [3]. Usually a history of anticoagulant therapy or an anatomic pathology were determined the cause of hematoma.

There are reports of hemorrhage into the oral cavity after streptokinase administration when the airway has not been manipulated [1,3,6]. Hemorrhage and hematoma of the oral cavity can be fatal [5]. In literature an uvula hematoma was determined spontaneously after streptokinase administration in intubated patient [1]. In our case there are uvula hematoma without a history of trauma, anticoagulant therapy or systemic disease. The first target in the management strategy is to control patient's airway. If intubation is impossible due to upper airway pathologies, emergency tracheotomy may be necessary. After maintaining air way, management of anticoagulation if necessary or drainage of hematoma is the second step of management of upper aerodigestive hematomas. If hematoma of upper aerodigestive tract is not so serious, spontaneous resolution occurs within a few days. Cessation of anticoagulants if possible may help this period.

Surgical drainage may result in some complications such as increased swelling even with complete airway obstruction and post-operative re-bleeding.

However there are a few case reports in the management of upper aerodigestive tract hematomas, airway protection, cessation of anticoagulant if necessary and hematoma drainage are the main treatment strategies.



Figure 1. An enlarged and bruised uvula at oral cavity



Figure 2. Appearance of the uvula after drainage.

Conclusion

Trauma and anticoagulant drug use are the main etiologic factors of upper aerodigestive tract hematomas. The main priority of management strategy in upper airway hematomas is based on airway protection. After airway integrity provided, drainage procedures may be applied.

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