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Pitfalls in traditional management of uvulectomy: a case report

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ABSTRACT

Sore throat is a common presenting complaint. A number of illnesses and conditions like uvulitis, pharyngitis, tonsillitis and rarely referred pain from the neck. Present as sore throat. I present a 24 year old female with pain in the throat, difficulty in swallowing and neck swelling two days after a traditional uvulectomy. She was treated with antibiotics for one week and warm saline gargle. The patient, her parents and relations were educated on the need to avoid harmful traditional practices.

INTRODUCTION

Uvulitis usually occur in the context of pharyngitis. [1,2,3] The uvula is an extension of soft palate. It consists of an epithelial layer that is 15-20 cells thick and surrounds a vascularised core of smooth muscle and connective tissue.[3] It is frequently confused with epiglottis and tonsils.[3] Uvulitis is a rare condition with multiple aetiologies.[4]

Uvulitis can be caused by trauma, infections, allergic reaction, hereditary angioedema, therapy with angiotensin converting enzyme inhibitors; inhalation of irritants like cannabis smoke and cocaine that are inhaled at high temperature.[4] The common infectious aetiologies are *Group A streptococcus* and *Haemophilus influenza type b.*[1,4] Sore throat is one of the most common problems among preschool and school-age children.[1,2,4]

CASE REPORT

Miss AR was a 24 year old female who had traditional uvulectomy following sore throat. She had the procedure done on her because her elder sister had taken her son for the same procedure which was successful. The procedure was done with unsterilized instruments. She presented with pain in the throat, difficulty in swallowing solid food and neck swelling two days after the procedure. A tongue depressor was used to visualize the tonsils and uvula under good light; the tonsils were bilaterally enlarged and erythematous with white copious discharge on the tonsilar surface. There was also white discharge on the uvula stump. She had submental and submandibular lymphadenopathy which was tender. The axillary temperature was 36.8^{0}C. She was requested to do a full blood count, throat swab microscopy, culture and sensitivity before commencing medication; and a voluntary counseling and testing for HIV. She was started on tablets of amoxicillin-clavulanic acid 625mg every 12 hours for 7 days and tablets of ibuprofen 400mg every 8 hours for 4 days. She was given intramuscular tetanus toxoid 0.5ml stat and antitetanus serum 1500mg stat after a negative test dose. She was to have warm saline oral gargle 6 times a day. She was to come for follow up in five days with the results of investigation.

The Packed Cell volume was 45%.The total white blood count was 4100/mm^3; neutrophils were 73%; lymphocytes were 25%; eosinophils were 2%; erythrocyte sedimentation rate (ESR) was 40mm/hour. Throat swab microscopy, culture and sensitivity after five days revealed gram positive cocci on gram stain while swab culture showed *Staphylococcus aureus.* This was sensitive to flocloxacillin, ciprofloxacin, erythromycin, ofloxacin, levofloxacin, ceftriaxone, gentamycin and streptomycin. The HIV result was positive. She did well on the drugs earlier prescribed, so she was told to continue on the prescription to complete the dose. She was told to come for follow up in one week. She came for follow up and was discharged in good health and referred to the HIV clinic for reassessment of her HIV status.

DISCUSSION

Traditional uvulectomy is an old practice in the third world, however the complications from these practices are under reported. Complications of traditional uvulectomy include haemorrhage, infection which could be bacterial or viral.[5]These infection include tetanus, HIV and Hepatitis B.[5,6] In many countries, up to half of all new HIV infections occur among 10 to 24 year olds.[7] Besides this patient had traditional uvulectomy which further increased her risk to HIV infection. This was why she was requested to do the voluntary counseling and testing. This test was requested to rule out a possibility of HIV infection preceding the uvulectomy, this has a medico-legal implication. The result showed she had HIV infection before the uvulectomy.

Health education is a key factor in preventing harmful traditional practices.[8] Studies have shown that some patients have had traditional uvulectomy instead of seeking medical or surgical treatment for tonsillitis.[9] This patient most likely had tonsillitis. She was also given intramuscular tetanus toxoid and antitetanus serum. Usually, tetanus toxoid is given when a person's immunization status cannot be ascertained while antitetanus serum is given if a wound is more than 6 hours and if the wound is dirty at the time of presentation.[10] The wound was dirty and she presented two days after the traditional uvulectomy. She was therefore given both antitetanus serum and tetanus toxoid. Culture plays an important role in determining the level of health of individuals, the family and the community.[8] There is the need to educate parents and relations to avoid harmful traditional practices. There should be continual efforts to educate the family and community at large on harmful traditional practices.

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