

EDUCATIONOuiz



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An unusual sore throat

Case history

A young homeless man recently presented to a health clinic located in a youth service. He complained that, over the past day, his throat had become increasingly painful with an obstructed sensation. On examination, his uvula was very swollen and red. He had no other significant symptoms and examination was otherwise normal.



Question 1

What can cause this clinical presentation?

Question 2

What investigations are indicated?

Question 3

How would you manage this condition?

Question 4

What complications might occur?

Answer 1

The figure shows uvulitis. This is commonly caused by bacterial infection with group A streptococcus or *Haemophilus influenzae*, and sometimes accompanies epiglottitis.¹ An association with marijuana smoking has also been noted.^{2,3} Uvular oedema due to an allergic reaction is said to lack erythema.¹

Answer 2

The patient's clinical condition would determine which investigations are required. A throat swab might demonstrate the causative organism. An unwell patient could also need a full blood examination, blood cultures and, in some circumstances, imaging of the neck to assess epiglottic involvement.

Answer 3

Management would generally include treatment with penicillin, smoking cessation and, if significant obstructive symptoms were present, hospital referral.

Answer 4

Possible complications include airway obstruction and overwhelming sepsis. In this case, the man had no significant systemic illness and was a very heavy marijuana user. He was prescribed oral penicillin but did not take it. He did, however, greatly reduce his marijuana use. When reviewed after 3 days, his throat appeared almost normal.

Conflict of interest: none declared.

References

- Lathadevi HT, Karadi RN, Thobbi RV, Guggarigoudar SP, Kulkarni NH. Isolated uvulitis: an uncommon but not a rare clinical entity. Indian Journal of Otolaryngology and Head and Neck Surgery 2005;57:139–40.
- Guarisco JL, Cheney ML, LeJeune FE Jr, Reed HT. Isolated uvulitis secondary to marijuana use. Laryngoscope 1988;98:1309–12.
- Mallat AM, Roberson J, Brock-Utne JG. Preoperative marijuana inhalation: an airway concern. Can J Anaesth 1996;43:691–3.

