CASE REPORT

Uvular necrosis following diagnostic gastroscopy

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SUMMARY

Uvular necrosis is an extremely rare complication of gastroscopy. We describe the fifth published case of uvular necrosis following an uncomplicated diagnostic gastroscopy in a young man. Presentation with severe sore throat and inability to swallow saliva occurred within 24 hours of gastroscopy and resolved with conservative treatment.

BACKGROUND

Exceedingly rare complication of gastroscopy.

Important differential diagnosis of sore throat post-gastroscopy.

Characteristic appearance of the throat with black and shortened uvula with surrounding erythema of the soft palate.

CASE PRESENTATION

A 24-year-old man was routinely referred to gastroenterology clinic with a 1-year history of abdominal bloating, alternating loose and constipated stool and epigastric pain.

He had a medical history of an osteosarcoma of the spine as a child for which he underwent extensive surgery and had been in remission for over a

Figure 2 Day 7 postgastroscopy demonstrating healing of the uvula.

Figure 1 Day 1 postgastroscopy demonstrating a black, necrosed uvula.

decade. He took no regular medication and had no other medical history of note. Examination was unremarkable.

A gastroscopy and a colonoscopy were organised and were performed a few weeks later under conscious sedation (fentanyl 100 µg, midazolam 4 mg, buscopan 10 mg, xylocaine spray). The procedures were normal and no immediate complications were apparent. The patient was discharged after a 1-hour observation period.

The next morning he woke and was unable to eat, drink or swallow his own saliva due to severe pain in his throat. He self-presented to his local emergency department and throat examination showed a black uvula and the soft palate was erythematous and engorged (see [figure 1](#)). He was admitted under the ear, nose and throat team and a diagnosis of uvular necrosis was made based on the history and examination findings.

TREATMENT

He was treated conservatively with intravenous antibiotics, intramuscular dexamethasone, topical lidocaine and analgesia. His symptoms improved over his 3-day admission and on discharge he was able to eat a soft diet.

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OUTCOME AND FOLLOW-UP

At gastroenterology clinic review a few weeks later, he had complete resolution of his throat symptoms although his uvula was shorter than before his gastroscopy (figure 2).

DISCUSSION

A sore throat is a common complaint post-gastroscopy though the vast majority settle after 1–2 days with minimal requirement for topical or systemic analgesia. Uvular necrosis is an exceedingly rare post-gastroscopy complication and on review of the literature only four cases^{1–4} have been described following gastroscopy.

The aetiology of this condition is presumed to be compromise to the uvula blood supply due to compression between the hard palate and the gastroscop. In this case, the patient reports that he previously had a long uvula which touched his tongue which raises the possibility that the uvula was torn from the soft palate after becoming wrapped around gastroscop.

Given the extreme rarity of uvular necrosis post-gastroscopy, the ability to avoid this complication in the future is limited. A pre-procedure screening question may highlight an 'at-risk' individual with an elongated uvula which should prompt an explanation of the risk of uvular necrosis and consideration of an alternative test. While not described in the literature, we propose that transnasal gastroscopy would reduce the risk of uvular necrosis, as there would not be compression of the uvula against the hard palate; however, accessing the duodenum can be challenging so may not appropriate. A barium swallow or barium meal would be a non-invasive alternative but this should be balanced against the inability to obtain histological specimens.

Learning points

- ▶ Uvular necrosis is a vanishingly rare cause of sore throat post-gastroscopy.
- ▶ Symptoms characterised by severe throat pain and inability to eat, drink or swallow saliva with onset within 24 hours of a gastroscopy.
- ▶ Caused by compression of the uvula against the hard palate and the gastroscop compromising the blood supply and causing infarction and necrosis.
- ▶ Management is conservative.
- ▶ Transnasal gastroscopy or barium studies may be a safer alternative for high-risk patients.

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