

Case Report: Absent of Uvula

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Introduction

The etiology of absent uvula, an uncommon condition that may coexist with other genetic defects and put the patient at risk, must be determined.

challenging airway Also, it causes a great deal of uncertainty when assessing the airway using the MMP classification; as a result, attention must be placed on seeing other oropharyngeal features, particularly tonsillar pillars and fauces.

Case Report

19 yearsold,35 kg female came to pre-anaesthetic check-up for SABG And Rhinoplasty. The patient had no significant medical illness but have surgical history of cleft lip 18 years back under GA which was uneventful. Surgical scar mark was present above the upper lip. Her investigations were within normal limits. On assessment mouth opening and Neck movements were normal, but while assessing the modified Mallampati (MMP) Classification, we could not find the uvula; however,

fauces, tonsillar pillars, soft and hard palate were normal and clearly visible [Figure-1] Patient spoke clearly and had no history of snoring, repeated upper respiratory infections. On seeing the face of the patient deviated septum [Figure-2] has been noted. Patient wanted surgery (Rhinoplasty) to improve overall appearance. She is of average built and systemic examination revealed a normal cardiovascular and respiratory systems. The patient was approved for Class I of the American Society of Anesthesiologists.

The uvula serves as a key structural marker used in the categorization. We had some difficulty with Mallampati classification in this instance since the uvula wasn't there, but we were able to see both the tonsillar pillars and the fauces, thus we classified the patient as MMP Class I.



Figure 1



Figure 2

Discussion

It has been hypothesised that the uvula, a band of connective tissue, glands, and tiny muscle fibres, has a minor function in speech, lubrication, and central support of the palatopharyngeal arch during swallowing[1] Congenital and acquired conditions may be extensively used to categorise the reasons of the missing uvula. Birth uvula absence may be linked to inherited diseases such Apert syndrome, anhidrotic ectodermal dysplasia, cerebrocostomandibular syndrome, and hyperimmunoglobulin E syndrome. [2] Uvula is formed by fusion of palatine shelves. Few occurrences of bifid and trifid uvula or lack of uvula with cleft lip or another genetic abnormality are the most prevalent anomaly related with uvulas.[3]

Conclusion

To summarize, we present a case of 19 years old Female came to PAC for surgery planned SABG (Subacute Alveolar Bone Grafting) and Rhinoplasty. On assessment we found uvula is absent in MMP Grading. In this patient we were able to see both the tonsillar pillars and the fauces, thus we classified the patient as MMP Class I.

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