

LETTER TO THE EDITOR

Uvular abnormalities in patients with submucous fibrosis

Dear Editor,

Submucous fibrosis (SMF) is a common clinical problem in Indian subcontinent (Tilakaratne *et al*, 2006). The patients suffering from this illness demonstrate varying degrees of fibrosis of the entire oral mucosa, including the mucosa over and around the uvula. The fibrosis of the mucosa over and around the uvula leads to certain characteristic abnormalities in the uvula, such as forward pointing uvula or a vanishing uvula. To my knowledge, this has never been described till date. These are commonly seen in individuals chewing areca nut along with smokeless tobacco for several years (Tilakaratne *et al*, 2006). Pan, Gutka, Pan Masala, Mawa, etc., are the popular names of tobacco and areca nut combinations in India. Gutka is a powdery or granular preparation of betel nut, tobacco, lime, and savory flavorings (Gupta, 1999b; Tilakaratne *et al*, 2006). While areca nut is the cause of progressive submucosal fibrosis, tobacco causes addictiveness and carcinoma. The fundamental cause of submucous fibrosis is the fibrosis in the submucosal layers and in the muscles of mastication leading to varying degrees of trismus. The mucosa of these individuals is white, firm, extremely sensitive to bruises, and easily bruisable.

Uvula points downward in vast majority of the healthy individuals. However, in most patients with SMF, the uvula shows some abnormality. The analysis of data collected on 66 subjects with submucous fibrosis showed that 36% (24/66) of patients had uvula pointing forward, 29% (19/66) had shortened uvula, and 12% (8/66) showed near complete disappearance of the uvula. The uvula appeared normal in 23% of patients (15/66). This is probably because of differential fibrosis between the oral surface and the pharyngeal surface of the uvula. The fibrosis of the mucosa overlying the soft palate and the oral surface of uvula pulls the tip of the uvula in the forward direction. The uvula in such patients is smaller in size and less mobile, and in extreme cases may completely disappear (Figure 1). Disappearance of the uvula can be attributed to extensive fibrosis leading to retraction.

Uvular abnormalities are very rare and other possible causes are congenital absence, surgery for cleft palate, corrosive burn, surgery for snoring, and treatment of carcinoma in that region. Having said this, submucous fibrosis is a much more frequent cause of uvular

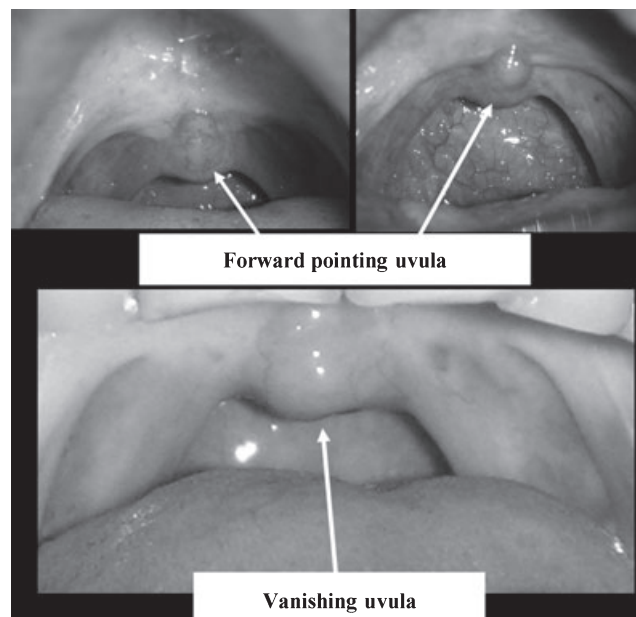


Figure 1 Two cases of forward pointing uvula and one case of vanishing uvula in a patient with submucous fibrosis

abnormalities, especially in Indian subcontinent. Knowledge of these signs – ‘forward pointing uvula and vanishing uvula’ will help community health workers and health professionals.

P Chaturvedi

Department of Head and Neck Surgery,
Tata Memorial Hospital,
EB Road, Parel, Mumbai, 400 012, India.
E-mail: pankajch37@yahoo.com;
drchaturvedip@rediffmail.com

References

- Gupta PC (1999a). Mouth cancer in India: a new epidemic? *J Indian Med Assoc* **97**(9): 370–373.
- Gupta PC (1999b). Gutka: a major new tobacco hazard in India. *Tob Control* **8**(2): 134.
- Tilakaratne WM, Klinikowski MF, Saku T, Peters TJ, Warnakulasuriya S (2006). Oral submucous fibrosis: review on aetiology and pathogenesis. *Oral Oncol* **42**(6): 561–568.

Copyright of Oral Diseases is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.