

UVULA PALSY POST WATCHMAN PROCEDURE

Thermutis Djanie BS¹, Sridhar Musuku MD²

Albany Medical College¹, Albany, NY; Department of Anesthesiology², Albany Medical Center, Albany, NY

1 BACKGROUND

- Uvular injury after intubation is a rare occurrence with an incidence rate of 0.03%.
- Postoperative uvular palsy is an unexpected complication following endotracheal intubation.
- Neuropraxia may result from trauma, prolonged compression, or improper oropharyngeal airway use.
- Neuropraxia may go unnoticed until symptoms such as dysphonia, difficulty swallowing, or sore throat emerge.

2 OBJECTIVE

- To describe the clinical presentation, possible etiologies, and perioperative considerations of postoperative uvular palsy as a rare complication following endotracheal intubation.

3 CASE PRESENTATION

- A 73-year-old male with a medical history of atrial fibrillation scheduled for Watchman device implantation under general anesthesia.
- Intubation was achieved on first attempt via direct laryngoscopy with a Macintosh size 3 blade.
- The patient was classified as ASA IV, Mallampati II, and Cormack-Lehane I.
- Mask ventilation was achieved with an oropharyngeal airway
- Procedure time was 45 minutes and uneventful.
- 2 hours postoperatively the patient reported difficulty swallowing and examination revealed an elongated uvula resting on the tongue (Figure 1).
- The patient experienced complete resolution within 11 weeks.



Figure 1. A lengthened and paralyzed uvula resting on the tongue



Figure 2. A normal healthy uvula

4 DISCUSSION

- The palatine uvula is a soft elongated structure that hangs from the posterior edge of the soft palate (Figure 2).
- The uvula received its innervation from CNX and CNV2.
- Uvula palsy is thought to result from compression of the uvula between the oral airway device and the hard palate.
- The findings described in Figure 1 may suggest neuropraxia due to transient damage of the pharyngeal branch of CNX.
- Uvula paralysis may present as an immobile, elongated uvula contributing to dysphonia and dysphagia due to impaired palatal elevation.
- Management is conservative.

5 CONCLUSION

- These cases illustrate that uvular palsy can occur following endotracheal intubation.
- This is likely due to neuropraxia from sustained pressure on the uvula.