Quincke’s Disease: Isolated Uvulitis

Joseph R. Shiber, MD
Emily Fontane, MD
University of Florida, Jacksonville, Florida

Supervising Section Editor: Sean O. Henderson, MD
Submission history: Submitted May 5, 2014; Accepted June 9, 2014
Electronically published June 26, 2014
Full text available through open access at http://escholarship.org/uc/uciem_westjem
DOI: 10.5811/westjem.2014.6.22525

A 27-year-old previously healthy man complained of sudden onset of gagging and foreign-body sensation that awoke him. He reported one day of nasal and sinus congestion. He had become concerned when he saw his extremely enlarged uvula while looking in a mirror (Figure). He had no fever, throat pain, or difficulty breathing, swallowing, or speaking. Prior to going to bed, he had taken an over-the-counter cold and allergy medication which he had taken previously without any adverse effects; he was not taking any other medications. He was admitted to the intensive care unit overnight for close observation and treated with nebulized racemic epinephrine, intravenous antihistamines and steroids. Empiric antibiotics directed against the most common infectious agents, Haemophilus and Streptococcus species were given.1 He had rapid improvement in his symptoms over the next 24 hours and was discharged home. Uvulitis can be caused by mechanical trauma, chemical or thermal injury, infection, or angioedema of immunologic or non-immunologic origin.2

Address for Correspondence: Joseph Shiber, MD, University of Florida, 655 W. 8th St. Jacksonville, FL 32209. Email: shiberj@bellsouth.net.

Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.

REFERENCES