OBSTETRIC COMPLICATIONS FOLLOWING TRADITIONAL UVULECTOMY: A CASE REPORT.

By

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SUMMARY

A case is reported of a 26-year-old pregnant woman (G3 P1+1, 0 alive) who had uvulectomy done by traditional practitioners as treatment for sore throat, which was complicated by severe anaemia necessitating blood transfusion and intrauterine fetal death.

The case is worthy of note since the practice of traditional uvulectomy is common in countries where morbidity in pregnancy is still a problem. This demands urgent public enlightenment and health education to check this trend.

Keywords:

Traditional Uvulectomy, traditional practitioners, sore throat, obstetric complications, hemorrhage, anemia in pregnancy.

Introduction

Traditional uvulectomy (amputation of the uvula by traditional practitioners) is a common practice in several sub-Saharan African countries, Maghreb and Israel.[1, 2, 3] It has also been reported in the Saudi Arabia[4]

Traditional uvulectomy has been associated with severe complications and some times fatal as reported in literature. The aim of this communication is a case of traditional uvulectomy in a pregnant Nigeria female resulted in significant obstetric complications. It is to the best of our knowledge the first of such to be reported.

Case Report

A 26 year old G3 P1+, 0 alive, EGA 30 weeks presented in the Accident and

Emergency Department with a history of having had traditional uvulectomy for sore throat the previous day. She had been bleeding profusely from the mouth since the procedure.
Patient had kept faithfully to her antenatal clinic schedule and the pregnancy had progressed satisfactorily. She also had felt fetal movements on the day of the traditional uvulectomy. There was no history of fever, abdominal pain or trauma to the abdomen or symptoms referable to the urogenital system.

Clinical evaluation revealed a pale patient with a packed cell volume of 16 per cent; a Pulse rate of 100b/min and blood pressure of 110/70 mmHg. The oropharynx was hyperaemic, oedematous with blood oozing out from the stump of the amputated uvula.

With resuscitation measures going on concurrently, haemostasis was secured in the Accident and Emergency Theater with a figure of 8 stitch applied under topical anesthesia. She was placed on parenteral ampiclox, metronidazole as well as tetanus prophylaxis.

Further review after control of haemorrhage however revealed an absent fetal heart rate, which was confirmed by ultrasonography. An impression of intrauterine fetal death secondary to fetal hypoxia was therefore made. Under care of the obstetricians, she was continued on antibiotics and cervical ripening/induction of labour with misoprotol shelter was commenced. The cervix however remained unfavourable after 6 doses of Misoprotol (100ug) insertion 6hrly. This necessitated the use of transcervical and extraamniotic catheter for cervical ripening followed by induction with pitocin. She eventually expelled a macerated fetus that weighed 1.8kg, 4 days after presentation (5 days after traditional uvulectomy).
Post delivery she developed a high-grade fever, which persisted for 3 days. There was no lower abdominal pain or abnormal vaginal discharge. Blood film showed Falciparum malaria parasite. She could not afford a full blood count or blood culture. She was managed with antimalarials and her antibiotics changed empirically to a cephalosporin (cefuroxime 500mg b.d. x 5/7). She received a total of 4 pints of blood while on admission and was discharged 9 days post-presentation in good health with a post-transfusion PCV of 30%

Discussion

Isolated uvulectomy is rare in otorhinolaryngological practice and is unusual for minor pharyngeal lesions.[5] The procedure is however common as treatment for sore throat in traditional medical practice in Nigeria[5, 6,7] as well as many other Sub-Saharan African countries.[1, 2, 8-12] It has also been reported in Saudi Arabia.[4] In Nigeria the 'surgeons' are usually of the Hausa tribe. However since Hausas are found in virtually every town in Nigeria the practice is widespread and the clientele includes people of other tribes irrespective of social status or education.

It is a procedure in which traditional practitioners, usually barbers,[5] amputate the uvula with non-sterilized sickle-shaped knives without any form of anesthesia, after which they apply a mixture of herbs to the stump on the soft palate. This practice may encourage the spread of retroviral infection amongst others. Numerous severe complications have been reported in association with the procedure. These include severe hemorrhage and anaemia oropharyngeal infection, cellulitis of the neck, septicemia, deep neck abscesses and aspiration with consequent upper airway obstruction.[2, 3,13,14,15] Others include lung abscesses, laryngocoele with pneumothorax, tetanus, Infant and Child morbidity and even death [7,2,15-18.]

That obstetric complications may occur is not farfetched bearing in mind the already precarious physiological state of the pregnant female. It stands to reason that morbidity would even be more. Secondly in the pregnant woman, at least two lives are at stake as is clearly illustrated with this report.

No obstetric complications have been found reported in literature before this. However, since the practice of traditional uvulectomy is widespread, the risk of obstetric complications is high Thus vigilance is needed to ensure that some cases are not being missed. This is important and particularly in our environment so as to prevent a further increase, by this practice, of an already high maternal morbidity and mortality and high perinatal mortality.

There is also a serious need for awareness and health education concerning the practice not only in antenatal clinics but also to the general populace to checkmate this practice and it's associated complications.

References.

1. Hartley BE, Rowe-Jones J. Uvulectomy to prevent throat infections. J Laryngol Otol. 1994; **108**: 65-6.
2. Prual A, Gamatie Y, Djakounda M, Huguet D. Traditional uvulectomy in Niger: a public health problem? Soc Sci Med. 1994; **39**: 1077-82.
3. Nathan H, Hershkovitz I, Arensburg B, Kobyliansky Y, Goldschmidt-Nathan M. Mutilation of the uvula among Bedouins of the South Sinai. Isr J Med Sci. 1982; **18**: 774-8
4. 4. Abdullah MA. Traditional practices and other socio-cultural factors affecting the health of children in Saudi Arabia. Ann Trop Paediatr. 1993; **13**: 227-32.
5. 5. Ijaduola GT. Uvulectomy in Nigeria. J Laryngol Otol. 1981; **95**: 1127-33.
6. 6. Ijaduola GT. Hazards of traditional uvulectomy in Nigeria. East Afr Med J 1982; **59**: 771-4.
7. Oyelami OA. Traditional uvulectomy among preschool children in the far north eastern Nigeria. J Trop Pediatr. 1993; **39**: 314-5.
8. Manni JJ. Uvulectomy in Dares Salaam (Tanzania)]. Med Welt. 1983; **34**: 584-6.
9. Schneider P, Shewangizaw E, Taye E, Gebrehiwot T, Worku S, Oppermann J, Leupold W, Teka T. Traditional medicine in Ethiopia in childhood diseases. Kinderarztl Prax. 1989; **57**: 393-9.
10. Dagnew MB, Damena M. Traditional child health practices in communities in North-west Ethiopia. Trop Doct. 1990; **20**: 40-1.
11. Einterz EM, Einterz RM, Bates ME. Traditional uvulectomy in northern Cameroon. Lancet. 1994; **343**: 1644
12. Manni JJ. Uvulectomy: a surgical procedure within the traditional medicine of Tanzania. Ned Tijdschr Geneeskd. 1982; **126**: 1678-81.
13. Adekeye EO, Kwamin F, Ord RA. Serious complications associated with uvulectomy performed by a "native doctor". Trop Doct. 1984; **14**: 160-1.
14. Asha Bai P V. Uvulectomy. Lancet. 1985; **1**: 225.
15. Olu Ibekwe A. Complications of the 'treatment' of tonsillar infection by traditional healers in Nigeria. J Laryngol Otol 1983; **97**: 845-9.
16. Haddock DR, Chiduo AD. Uvulectomy in coastal Tanzania. Cent Afr J Med 1965; **11**: 331-4.
17. Eregie CO. Uvulectomy as an epidemiological factor in neonatal tetanus mortality: - observations from a cluster survey. West Afr J Med. 1994; **13**: 56-8.
18. Nalin DR. Death of child submitted to uvulectomy for diarrhoea. Lancet. 1985; **1**: 643.