

# Clinical Records

## GANGRENE OF THE UVULA

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THE following case is unique in my experience and may be of interest to your readers.

Mr. A. returned home from his business on a Saturday and after lunch felt a peculiar sensation in his throat. This sensation got worse but it was not until the following morning that he asked his doctor to see him. I was called in immediately and found that there was gangrene of the uvula, involving the lower two-thirds with a well-marked line of demarcation. There was oedema of the remainder of the uvula and this spread just into the soft palate. The temperature was normal.

The part affected sloughed off and the patient made a good recovery.

Dr. G. G. Lyttle, who was in charge of the case, has supplied me with the following information.

Mr. A., aged 63 was a cashier. He had a severe illness from *March 17th*, 1932 to *May 25th*, 1933; extreme weakness and pallor.

Red cells 1,865,000. White cells 1,550. Haemoglobin 33%, C.I. 0.9.

Fractional test meal shows normal gastric acidity curve.

He was critically ill for some months, and three blood transfusions were given. He recovered well and was able to resume his duties, with slight remissions, until *January*, 1936. On *January 5th*, 1936 he again complained of weakness and inability to swallow. Examination revealed the gangrene already referred to and in addition a few scattered subcutaneous haemorrhages in various parts of the body.

The blood pressure was 222/118 and the blood count as follows: Red cells 1,710,000. White cells 2,100. Haemoglobin 38%. C.I. 1.1.

Very severe degree of haemolytic anaemia.

The blood urea was 129 and the urine loaded with albumin.

A diagnosis of chronic nephritis was made.

The condition appears hopeless from the point of view of treatment, but the patient states that he never felt better and has resumed work *March 12th*, 1936.