Hair-thread Tourniquet Syndrome causing uvular strangulation in a child

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DESCRIPTION
A normally fit and well 3-year-old girl awoke distressed. Her parents identified a long hair protruding from her mouth. She was comforted and given some food and drink. Afterwards she could no longer see the hair and she had no ongoing pain or issues initially. Over the subsequent days, she had increasing difficulty swallowing solid foods due to pain on swallowing and the parents later noticed a discolouration of the tip of her uvula. The family attended a walk in centre, the general practitioners and subsequently the children’s emergency department 3 days after the initial incident. She was reviewed by the ear, nose and throat team who found that the distal tip of her uvula was white and that a hair could be seen trailing from it inferiorly. History and examination were otherwise unremarkable.

The child remained well and was taken to theatre for examination under general anaesthetic. On examination in theatre, the hair was found to be strangulating the distal uvula and trailing into the oesophagus (figure 1). It was not possible to untangle the hair, and as the tip was non-viable, the decision was taken to remove the uvula tip with bipolar cautery to reduce discomfort (figure 2).

Figure 1 Intraoperative image of strangulated uvula with hair visible.

Figure 2 Intraoperative image after bipolar resection of the distal uvula and hair removal.

The child was well postoperatively and discharged home the same day. Telephone follow-up with the parents at approximately 1 month post procedure confirmed no ongoing symptoms or complications.

Hair tourniquet syndrome (HTS) is a rare condition, more commonly seen affecting infants’ external appendages, such as digits and genitalia.1 Oral HTS has been described rarely, affecting sites,
including the teeth, tongue and uvula. A systematic literature review demonstrated only three published cases of uvular HTS in the past 40 years, all in infants. In these previously documented cases, the hair was removed and the uvula allowed to reperfuse or autoamputate. Manipulating a knotted hair in the oral cavity is challenging, and there are no documented cases of the hair being removed without sedation/general anaesthesia.

The uvula is a posterior extension of the soft palate which prevents nasal regurgitation on swallowing and resonates during speech. Uvular necrosis is most commonly iatrogenic, following intubation, endoscopy or suction. Most documented cases, predominantly in adults, resolve conservatively, with necrotic tissue sloughing off in 7–14 days.

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**REFERENCES**