

Chief Complaint

Throat Pain

Case Presentation

History of present illness:

A 77-year-old female with no significant past medical history presented to the Emergency Department endorsing swelling to the back of the throat. The patient reported after eating a piece of fish she felt something become lodged in the back of her throat. She performed a finger sweep and did not feel any foreign bodies but subsequently began experiencing swelling sensation to the back of her throat. She endorsed voice changes but no difficulty swallowing or breathing. She also denied chest pain, nausea or vomiting, skin changes. No smoking history, drug use, or alcohol use.

Physical exam:

Vitals: HR 69, RR 16, BP 137/74
T 98.1, SpO2 99% on RA

General: A woman sitting in a chair in no distress.

Her voice was mildly muffled but forming sentences easily, no hoarseness.
HEENT: (see Figure)

Neck: Supple, non-tender, no crepitus, no stridor.

Chest: Clear lungs bilaterally, no crepitus.

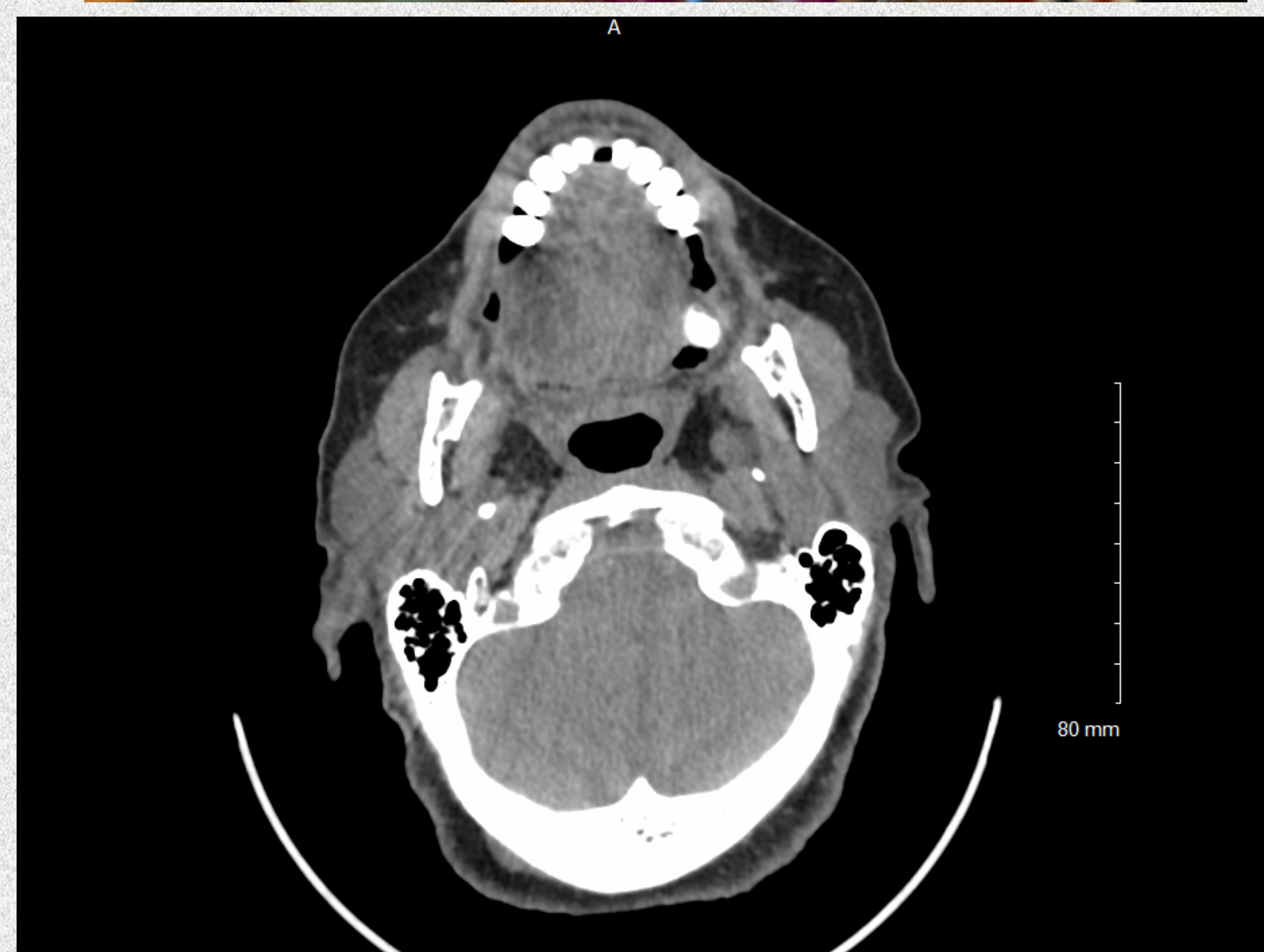
Heart: Normal heart sounds.

Abd: Soft, non-tender, benign.

Skin: No bruising, petechiae, or rashes.

Neuro: Normal.

Initial Presentation



Discussion

Oropharyngeal injuries from accidental ingestion of bones are common in the ED and can include puncture wounds, lacerations, foreign body assessments, and rarely soft palate hematomas. The vast majorities of these injuries are usually minor and do not require extensive treatment or work-up. We present a case of a patient with a sizable soft palate hemorrhagic bulla that sparked concern for potential airway compromise or hematologic disorder.

The differential diagnosis for hemorrhagic bullae of the oral mucosa is expansive but can be divided into hematological diseases, blistering disorders, and other. Autoimmune disorders include mucous membrane pemphigoid, pemphigus vulgaris, linear IgA dermatosis, bullous lichen planus, dermatitis herpetiformis, erythema multiforme, and epidermolysis bullosa acquisita. Hematological causes can be distinguished using clinical presentation and laboratory tests and often have concomitant symptoms such as hematuria or epistaxis. Blistering and misc. causes present as more generalized conditions with earlier manifestations.

A rare benign disorder of hemorrhagic bullae of the oral mucosa is angina bullosa hemorrhagica (ABH). ABH is characterized by sudden onset of painless, blood-filled blisters of the oral cavity that quickly expand, usually in the junction of the hard and soft palate.

Our patient denied having unusual bleeding and she was not on any medications, including OTCs. There was concern that the hematoma was more extensive than what was visible. A CT was performed to assess the extent of the hemorrhage and to see if there was an anatomic abnormality. The patient's CBC, PT/PTT were normal.

Given the size of the hematoma and the patient's discomfort, drainage of the hematoma was indicated. However, the patient reported that the hematoma drained spontaneously a few minutes after she had her CT scan. Re-examination of the oropharynx confirmed drainage of the hematoma, and no further bleeding was noted.

Answers

1. Soft palate hematoma.
2. In most patients, no further work-up is needed. The CT was normal.
3. Drainage of the hematoma.

Clinical Pearls

Soft palate hematoma is a rare complication of oropharyngeal trauma.

In most patients with soft palate hematomas, no further work-up is indicated.

Questions

1. What is the physical finding?
2. What diagnostic work-up is indicated? What findings are seen on the CT?
3. What is the treatment?