

LETTER TO THE EDITOR

Uvula Missing: Can Posterior Pharyngeal Wall Be the Surrogate in Modified Mallampati Grading

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Dear sir,

A 56-year-old male, farmer by occupation presented at our preanesthesia clinic for routine check-up before laparoscopic appendectomy. Patient did not report any previous significant medical or surgical illness and all his routine investigations were found to be within normal limits. Neck movements and mouth opening were adequate. On assessment of the oral cavity using the modified Mallampati test (MMP), we could not locate the uvula; however, clear view of posterior pharyngeal wall along with tonsillar pillars, soft and hard palate was easily visible (Figure 1). There was no history of any previous airway surgery, snoring, radiation and change in voice or speech. To avoid any ambiguity with MMP classification preoperatively we accepted our patient as American Society of Anesthesiologists Physical status class I and MMP grade I in view of the visible posterior pharyngeal wall, suggesting an easy intubation. Patient was intubated with success in first attempt, and Cormack Lehane grade^[1] was reported during direct laryngoscopy. No difficulty was encountered during the perioperative period and patient was extubated uneventfully.

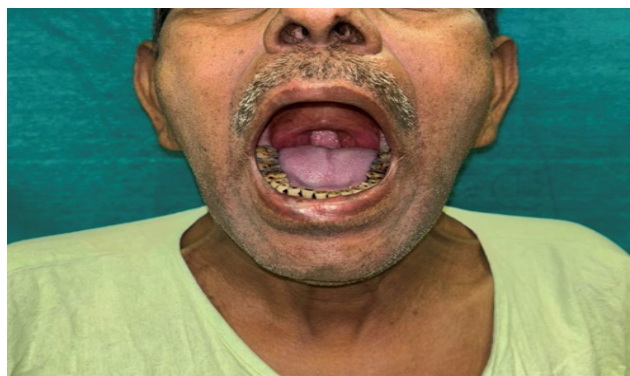


Fig. 1: Faucial Pillars, Absent Uvula with visible posterior pharyngeal wall, soft palate and hard palate (following appropriate patient consent).

Uvula is a small tear-shaped Musculo-glandular connective tissue hanging from the posterior aspect of the soft palate. Uvula has seromucous glands intermixed with muscle fiber bundles and is regarded as a highly lubricating organ with contributing roles in speech, swallowing and immunity¹. Absent uvula is seen with congenital anomalies like Apert syndrome, cerebro-costomandibular syndrome, anhidrotic ectodermal dysplasia and hyperimmunoglobulin E syndrome and can also be seen secondary to uvulo-palato-pharyngoplasty surgery for sleep apnea and scarring post radiation. The (MMP) is a common tool for assessing tongue and pharyngeal size, and their relationship with difficult airway. Visibility of the uvula forms a key component in deciding the modified mallampati grade and absence of uvula may lead to ambiguous grading^[2]. (Grade I- uvula, faucial pillars, and soft palate are visible; Grade II- uvula is covered by the tongue root and faucial pillars and the soft palate is visible; Grade III- only the soft palate is visible; and Grade IV- only the hard palate is visible). Higher grades are usually associated with difficult intubation^[3].

In the absence of uvula or any anatomical variation, we suggest that the visibility of the posterior pharyngeal wall may serve as a reliable anatomical substitute for Modified Mallampati grading and thereby ensuring that the assessment remains clinically useful, non-ambiguous and standardized (Table 1) Visible post pharyngeal wall may be a better determinant of Modified Mallampati in cases of missing uvula.

Keywords

Airway management, Anatomy, Uvula.

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Table 1: Suggested Grading in patients presenting with Missing Uvula:

	Structure Visible	Suggested Modification with absent uvula
MMP I	Faucial Pillars, Uvula, Soft Palate, Hard Palate.	Faucial pillars, visible posterior pharyngeal wall, Soft Palate, Hard palate.
MMP II	Uvula, Soft Palate, Hard Palate.	visible posterior pharyngeal wall, Soft Palate, Hard palate.
MMP III	Soft Palate, Hard Palate.	Soft Palate, Hard palate.
MMP IV	Hard palate.	Hard Palate.

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