CONDITION

Uvulitis

Uvulitis is inflammation and swelling of the small piece of tissue hanging at the back of the throat.

WHAT IT IS
Inflammation and swelling of the uvula

BODY SYSTEM
Mouth and throat

MAIN SYMPTOMS
Sore throat, swallowing trouble, gagging, swollen uvula

WHAT CAUSES IT
Infection, allergy, irritation, trauma, or sometimes unknown

HOW IT IS DIAGNOSED
Throat examination, with swabs or other tests when needed

MAIN TREATMENT
Cause-specific medicine, fluids, pain relief, and airway support

CAN IT BE CURED?
Yes - usually resolves when the cause is treated

IS IT AN EMERGENCY?
Sometimes - breathing trouble or rapidly worsening throat swelling

LONG-TERM OUTLOOK
Usually short-lived, with full recovery after treatment

Overview

The uvula is the small, soft piece of tissue that hangs from the middle of the back of your mouth. It helps keep food and liquid from moving into the space behind your nose. It also plays a part in speech and the gag reflex.

Uvulitis means that the uvula is inflamed and swollen. It may happen on its own, but it often occurs with inflammation elsewhere in the throat, such as tonsillitis or pharyngitis. Pharyngitis is inflammation of the main part of the throat.

Uvulitis can result from an infection, an allergic reaction, irritation, or an injury. Sometimes no cause is found. Most cases improve once the cause settles or is treated.

The swelling can feel alarming because the uvula may touch the tongue and create a choking,

gagging, or "something stuck" sensation. This does not always mean that the airway is blocked. However, rapidly increasing swelling or any difficulty breathing needs emergency care.

Symptoms

A swollen uvula may look longer, wider, or redder than usual. It can sometimes have white patches or discharge, especially when there is an infection elsewhere in the throat.

Symptoms may include:

Symptoms caused by irritation may begin after snoring, vomiting, inhaling smoke or chemicals, or having a medical procedure involving the mouth or throat.

Allergic swelling often begins suddenly. It may occur with hives, itching, wheezing, dizziness, vomiting, or swelling elsewhere. A severe allergic reaction affecting breathing or circulation is called anaphylaxis.

- A sore, dry, or scratchy throat
- Pain or difficulty when swallowing
- Gagging, coughing, or a choking sensation
- A feeling that something is stuck in the throat
- Increased saliva or difficulty swallowing saliva
- A changed, muffled, or hoarse voice
- Fever, swollen neck glands, or enlarged tonsils when infection is present
- Swelling of the lips, tongue, face, or throat during an allergic reaction

Causes and risk factors

Infection is one possible cause. Uvulitis may occur with a viral throat infection or a bacterial infection such as group A streptococcal throat infection, often called strep throat. The infection may also involve the tonsils or surrounding tissues.

Allergic swelling can affect the uvula as part of angioedema. Angioedema means sudden swelling in the deeper layers beneath the skin or the moist lining of the mouth and throat. It may be triggered by a food, medicine, insect sting, or another allergen. Some episodes have no clear trigger.

Several noninfectious irritants can inflame the uvula. These include tobacco smoke, vaping aerosols, cannabis smoke, chemical fumes, dehydration, repeated vomiting, and acid reaching the throat from the stomach. Heavy snoring or breathing through the mouth may dry and irritate the tissue.

Direct injury may happen after a breathing tube, suctioning, an examination, surgery, or another procedure involving the throat. Very hot food or liquid can also injure the area.

Medicines can occasionally cause uvular swelling. This may happen as part of an allergic reaction. Angiotensin-converting enzyme inhibitors like lisinopril or ramipril, known as ACE inhibitors, can cause angioedema in some people, including after they have taken the medicine for a long time.

Inherited angioedema is a rare genetic condition that causes repeated swelling episodes. It can affect the throat, although most uvulitis is not inherited.

Factors that may raise the chance of uvular irritation include smoking, frequent snoring, dehydration, repeated exposure to throat irritants, and recent throat procedures. These factors do not prove what caused an individual episode.

Diagnosis

A healthcare professional will usually examine your mouth and throat, ask when the swelling began, and check whether you can breathe and swallow normally. They may also examine the tonsils, tongue, neck, skin, and lymph nodes.

The appearance of the uvula alone may not reveal the cause. Your other symptoms and how quickly they developed provide important clues.

If a bacterial throat infection is possible, a sample may be taken from the back of the throat. A rapid test or throat culture can check for group A strep. Antibiotics like amoxicillin or doxycycline are not useful for viral infections, so testing can help avoid unnecessary treatment.

If an allergic reaction is suspected, diagnosis is usually based on the timing of the swelling, possible exposures, other symptoms, and your medicine history. Allergy testing may be considered later when a particular trigger is suspected. It is not usually the first step during an acute episode.

Breathing difficulty, drooling, noisy breathing, severe pain, or a muffled voice can also occur with more serious problems, such as swelling around the voice box or a deep throat infection. These conditions may require urgent examination, imaging, or a small flexible camera used by a specialist. Airway safety comes before routine testing.

Treatment and management

Treatment is based on the likely cause and the severity of the swelling. Mild irritation without breathing or swallowing problems may improve with fluids, rest, and avoiding further irritation.

Pain relief may help with throat discomfort. Warm or cool drinks can be soothing, depending on what feels better. Gargling with warm salt water may help some adults and older children who can gargle safely. Young children should not gargle because they may swallow or choke on the liquid.

A confirmed or strongly suspected bacterial infection may be treated with antibiotics. The choice of medicine depends on the infection, allergy history, and other health factors. It is important to take an antibiotic exactly as directed and complete the prescribed course unless a healthcare professional tells you otherwise.

Antibiotics do not treat viral uvulitis. Viral throat inflammation is generally managed with fluids, comfort measures, and monitoring while the immune system clears the infection.

Allergic swelling may be treated with medicines that reduce the allergic response, such as antihistamines or corticosteroids like prednisone or hydrocortisone . These do not replace epinephrine when anaphylaxis is present. Anaphylaxis requires immediate epinephrine and emergency care.

If a prescribed medicine may have caused angioedema, prompt medical assessment is needed. Do not restart a medicine suspected of causing serious swelling unless the prescriber has reviewed it.

Severe swelling may require monitoring in hospital and treatment to protect the airway. This can include oxygen, emergency medicines, and, rarely, a breathing tube.

While recovering, avoid smoking, vaping, alcohol, and other substances that irritate or dry the throat. Choose foods and drinks that are comfortable to swallow. Do not poke, squeeze, or try to cut the uvula.

Complications

Most cases settle without lasting effects. Complications are more likely when the swelling is severe or the underlying cause is not treated.

Marked swelling can narrow the airway. This is uncommon, but it is the most important immediate concern. Allergic swelling can also spread to the tongue, lips, and deeper throat tissues.

A bacterial infection may spread to nearby tissues. Possible complications include an abscess, which is a pocket of pus, or a deeper neck infection. Signs can include worsening one-sided throat pain, neck swelling, difficulty opening the mouth, a muffled voice, or increasing difficulty swallowing.

Painful swallowing may make it hard to drink enough. This can lead to dehydration, especially in children and older adults. Signs include a dry mouth, reduced urination, dark urine, dizziness, or unusual sleepiness.

Repeated episodes may point to an ongoing trigger, medicine-related angioedema, reflux, heavy snoring, or an inherited swelling disorder. Recurrent uvulitis deserves routine medical assessment even when each episode settles.

Prevention

Uvulitis cannot always be prevented. Viral infections, unexpected allergic reactions, and episodes with no clear cause may occur despite reasonable precautions.

You may be able to lower some risks by:

If a medicine has caused angioedema, make sure it is recorded in your medical notes and shared with healthcare professionals. Do not rely on avoiding similar-looking tablets, because medicines in the same group can have different names.

Inherited angioedema cannot be prevented because it is caused by a genetic change. If this condition is diagnosed, a specialist plan can help reduce and manage future attacks.

- Avoiding tobacco smoke, vaping, and known chemical irritants
- Drinking enough fluid, particularly during illness or hot weather
- Washing your hands and avoiding shared eating utensils during throat infections
- Avoiding a known allergen and following your allergy action plan
- Discussing repeated snoring, reflux symptoms, or recurrent swelling at routine care

Living with it and what to expect

Uvulitis is usually an acute condition, meaning it starts over a short period and does not last indefinitely. Mild irritation may ease over several days. Infection-related swelling generally improves as the infection clears or responds to treatment.

The uncomfortable "something in my throat" feeling may continue for a short time after the

main swelling begins to improve. Eating softer foods, drinking regularly, and avoiding throat irritants can make recovery more comfortable.

Some people have repeated episodes. The pattern can help identify a cause. Swelling after particular foods, medicines, or insect stings may suggest allergy. Episodes associated with snoring, dry mouth, or morning throat discomfort may suggest overnight irritation. Unexplained attacks involving the face, abdomen, or limbs may need assessment for angioedema.

Uvulitis does not usually cause permanent damage to the uvula or long-term limits on eating, speaking, or daily activity. The outlook is linked to the cause. A simple infection or irritation usually has a short course, while an allergy or inherited swelling disorder may require an ongoing plan to prevent or respond to future episodes.

Arrange routine follow-up if the swelling does not improve as expected, returns often, or is linked to ongoing throat pain, snoring, reflux symptoms, or medication use.

When to get medical help

Call emergency services now if you have:

Use prescribed epinephrine immediately if your allergy action plan tells you to. Call emergency services afterward, even if the symptoms begin to improve.

Seek urgent same-day medical care for severe throat pain, a muffled voice, neck swelling, difficulty opening the mouth, dehydration, or a high fever with worsening symptoms. A child who is drooling, struggling to breathe, or sitting forward to breathe needs emergency assessment. Do not force an examination of the child's throat.

Arrange routine medical care if symptoms are mild but are not improving, keep returning, or follow a new medicine. Recurrent swelling without an obvious infection should also be assessed.

- Difficulty breathing, noisy breathing, wheezing, or a feeling that the airway is closing
- Rapidly increasing swelling of the uvula, tongue, lips, face, or throat
- Inability to swallow saliva, especially with drooling
- Faintness, confusion, blue or grey lips, or collapse
- Throat swelling with hives, vomiting, dizziness, or another sign of anaphylaxis

Common questions

Is a swollen uvula always uvulitis?

Not necessarily. The uvula can appear long or large without being inflamed. Temporary swelling may also occur from snoring, dehydration, irritation, injury, or angioedema. New swelling with pain, redness, or swallowing problems is more consistent with uvulitis.

Is uvulitis contagious?

Uvulitis itself is not contagious. However, a virus or bacterium causing it may spread to other people. Allergic, injury-related, and irritation-related uvulitis cannot be passed from person to person.

How long does uvulitis last?

The timing depends on the cause and severity. Mild irritation often improves over several days. Infection-related swelling improves as the infection resolves. Rapid allergic swelling may respond quickly to emergency treatment but still requires observation because symptoms can return.

Can I remove or shorten my uvula?

Do not try to cut, puncture, or shorten it yourself. This can cause bleeding, infection, scarring, and airway problems. Surgery involving the uvula is reserved for selected medical situations and is performed by a trained clinician.

Why does my uvula touch my tongue?

Inflammation can make the uvula longer or thicker, allowing it to rest on the tongue. This can trigger coughing or gagging. The sensation is uncomfortable but does not automatically mean the airway is blocked. Breathing difficulty or rapidly worsening swelling is an emergency.

Do I need antibiotics for uvulitis?

Not always. Antibiotics only treat bacterial causes. Viral infection, allergy, irritation, and injury require different management. A throat test may be used when strep throat or another bacterial infection is suspected.

Sources

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