

Traditional Uvulectomy in Children: About a Serious Case Observed at the National Hospital of Niamey, Niger

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Abstract

Traditional uvulectomy is widely practiced in many African countries including Niger. This was the case of a six-month-old infant. He had previously presented with fever, diarrhea, and vomiting. After unsuccessful self-medication, the parents consulted a traditional healer who removed the uvula. After the procedure, the child faced an abundance of bleeding and the deterioration of the child's condition, the parents took him to hospital where rapid treatment stabilized him. This case was a reminder of harmful family practices that remain a danger for children.

Keywords

Uvulectomy, Harmful Family Practices, Children, Niger

1. Introduction

Traditional uvulectomy is a procedure commonly performed by traditional healers [1] [2]. It is widely practiced in many African countries, including Niger [2]-[5]. It is associated with significant morbidity and mortality due to severe bleeding and infection [6]. In this observation, we report the case of a uvulectomy in an infant complicated by massive bleeding and shock.

2. Observation

It was a six-month-old female infant. Approximately one week prior to admission, she had presented with fever, watery diarrhea, and immediate postprandial vomiting. The parents began self-medication with metronidazole syrup, but there was no improvement. They then took her to a traditional healer for consultation. Upon arrival, the traditional practitioner attributed the illness to the uvula and recommended a uvulectomy. The procedure was performed, resulting in catastrophic bleeding. Faced with the abundance and unstoppable bleeding, and a progressive deterioration in the child's condition. The parents decided to consult at the National Hospital in Niamey for treatment. On admission, the general examination revealed a lethargic infant with severe palmar-plantar pallor, an undetectable pulse, and cold extremities, indicating hemorrhagic shock. An otorhinolaryngological examination could not be performed on site due to blood clots coming out of the oral cavity (**Figure 1**). Emergency hemostasis was performed in the operating room by the otorhinolaryngologist, and a bolus of isotonic saline solution was administered. A blood transfusion was also performed within an hour of his admission, and etamsylate was administered by infusion. The outcome was favorable, with the bleeding stopping and the shock corrected. He was discharged after 5 days of antibiotic therapy with amoxicillin-clavulanic acid.



Figure 1. Blood clots indicating hemorrhagic syndrome.

3. Discussion

This clinical case highlighted the seriousness of family practices that are detrimental to children's health. As in this observation, these practices are generally carried out in response to ear, nose, throat, gastrointestinal, and bronchopulmonary conditions in infants [7] [8]. This is part of cultural beliefs and practices in which the uvula was incriminated for the onset of these diseases, due to its anatomical position [1] [9]. In certain ethnic groups in Niger, its removal is often recommended as a preventive measure for all infants between 6 and 12 months of age. These periods correspond to infants' high susceptibility to viral infections,

such as rotavirus gastroenteritis and acute respiratory infections. In addition, depending on the area, as in ours, there is also a high incidence of malaria and dietary errors [7]. In addition to the risk of hemorrhage and death, as reported in this case, the child is exposed to intense physical suffering because these procedures were performed without anesthesia or sedation [6]. Furthermore, this practice constitutes mutilation, which is normally prohibited by law in other contexts. This highlights the importance of raising awareness in order to combat this scourge. Many other practices that are harmful to children's health are still commonplace in Niger. This is the case with female genital mutilation, despite the presence of non-governmental organizations that fight tirelessly against it [10]. Legal measures should be taken, or existing laws enforced, to limit this abuse of children. In the case of uvelectomy, the major complications are the risk of hemorrhagic shock, septicemia, and possibly tetanus, depending on the object used to perform the procedure [6]. Kambale *et al.* [4], in a series of cases in the Democratic Republic of Congo, reported cases of HIV infection, malnutrition, and deaths. Ille *et al.*, in our context, reported cases of cellulitis of head and neck as regional complication [11]. Cases of neonatal tetanus were also reported [12]. Rapid treatment, including blood transfusion depending on the severity of anemia, broad antibiotic coverage, and tetanus vaccination for unimmunized children, would ensure survival. This case was saved thanks to relatively rapid consultation and, above all, the availability of blood.

4. Conclusion

Harmful family practices, particularly traditional uvulectomy in children, remain common in our context, posing a danger to, as illustrated by this clinical case. It is essential to raise awareness of the often serious consequences of these practices. Additional specific measures may also be taken with a view to civil liability, as they affect the well-being of children.

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Conflicts of Interest

The authors declare no conflicts of interest.

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