DOI: 10.7860/JCDR/2026/88274.24335

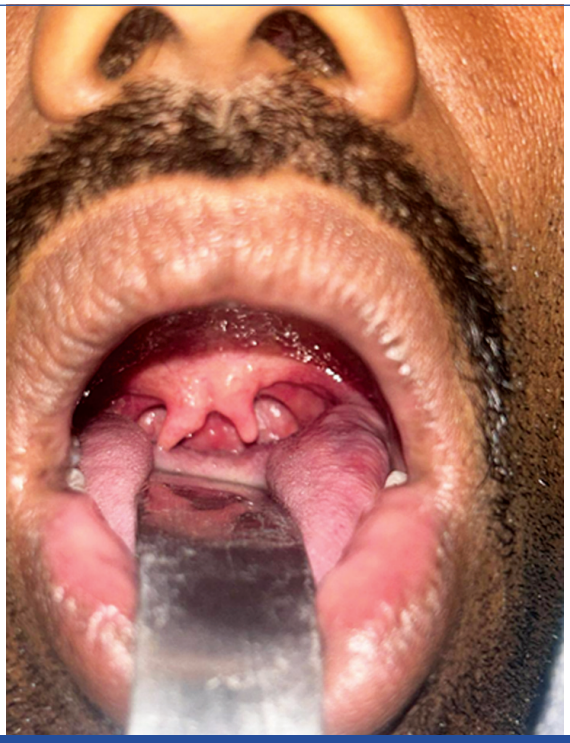
Image of Bifid Uvula in an Asymptomatic Patient

KHUSHBU PRASAD[1], SHRADDHA JAIN[2], MEGHA KAWALE[3], CHANDRAVEER SINGH[4], PRAGATI SHIKHA[5]

Keywords: Cleft uvula, Craniofacial abnormalities, Palatal abnormalities, Pierre Robin syndrome, Submucous cleft palate, Velopharyngeal insufficiency

A 39-year-old male presented to the Otorhinolaryngology Department with a sore throat that had been bothering him for five days. Without any severe oropharyngeal anomalies, an incidental bifurcated uvula was observed during assessment [Table/Fig-1]. There is no slurred speech or trouble swallowing. No relevant medical history or any congenital problems were mentioned by the patient. Further, none in the family pedigree was reported to have a bifid uvula. The posterior pharyngeal wall looks normal upon examination. Upon closer inspection, neither the lip nor the palate had a cleft. The results of the video-directed laryngoscopy were normal. No syndromic relationship was discovered. Every chest X-ray, Electrocardiogram (ECG), and blood report was within normal limits. Because of the uvula's distinctive appearance and benign nature, no more diagnostic testing was thought to be required. The non malignant character of the illness was explained to the patient. There was no recommendation for surgical intervention. Although this is thought to be rare, the patient was instructed to come back if anything changed.

A bifid uvula is an abnormal split or division in the uvula or tissue that hangs down at the end of the soft palate in the roof of the mouth [1]. Meskin divided the different types of cleft uvulas into the following groups based on their morphology: Type A uvulas are regular, Type B uvulas are bifurcated up to one-fourth of their length, Type C uvulas are bifurcated from one-fourth to three-fourths of their length, and Type D uvulas are bifurcated from three-fourths of their length to their full length [2]. This case comes under Type C uvula. Prasad P et al., reported a similar case of an eight-year-old male child who came for dental screening at a private dental clinic, accompanied by his mother, who was visiting for her dental treatment, and was incidentally diagnosed with Type D bifid uvula [3]. A bifid uvula has been documented in patients with Cornelia de Lange syndrome, Loeys-Dietz syndrome, and Marfan syndrome [4].



[Table/Fig-1]: Bifid uvula.

REFERENCES

[1] Bharti V, Sahoo P, Prakash S, Tyagi S. A rare case report of bifid or double uvula in a 45-year-old woman. J Clin Images Med Case Rep. 2024;5(2):2874.
[2] Meskin LH, Gorlin RJ, Isaacson RJ. Abnormal morphology of the soft palate: II. The genetics of cleft uvula. The Cleft Palate Journal. 1965;2(1):40-45.
[3] Prasad P, Khalil E, Desai VB, Varma SR, Gunasekaran L, Kumar K, Pradeep S. Bifid uvula- An enigma. J Pharm Bioallied Sci. 2023;15(Suppl 1):806-S809.
[4] Gupta L, Saxena KN. Incidental identification of a bifid uvula: A clinical observation. J Indian Coll Anaesthesiol. 2025;4(2):105-06.

PARTICULARS OF CONTRIBUTORS:
1. Junior Resident, Department of Otorhinolaryngology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Science, Wardha, Maharashtra, India.
2. Professor and Head, Department of Otorhinolaryngology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Science, Wardha, Maharashtra, India.
3. Associate Professor, Department of Otorhinolaryngology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Science, Wardha, Maharashtra, India.
4. Associate Professor, Department of Otorhinolaryngology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Science, Wardha, Maharashtra, India.
5. Junior Resident, Department of Otorhinolaryngology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Science, Wardha, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:
Khushbu Prasad,
Shalintai Hostel, Datta Meghe Institute of Medical Science, Wardha-442107, Maharashtra, India.
E-mail: khushbu1712prasad@gmail.com

PLAGIARISM CHECKING METHODS: [Jain H et al.]
- Plagiarism X-checker: Mar 11, 2026
- Manual Googling: Jun 13, 2026
- iThenticate Software: Jun 15, 2026 (1%)

ETYMOLOGY: Author Origin

EMENDATIONS: 5

AUTHOR DECLARATION:
- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

Date of Submission: **Feb 16, 2026**
Date of Peer Review: **Apr 24, 2026**
Date of Acceptance: **Jun 17, 2026**
Date of Publishing: **Sep 01, 2026**