**Introduction**

Sleep disordered breathing is a spectrum of disorders ranging from snoring to upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). Continuous positive airway pressure (CPAP) therapy remains the gold standard for treatment of OSA, however for patients without OSA or who do not tolerate the CPAP device, surgery is often indicated. Treatment to address anatomical obstruction at the palatal level is addressed with uvulopalatopharyngoplasty (UPPP). Outcomes of surgery are variable and often depend on whether other areas of obstruction are also addressed. Risks of surgery at the palatal level include significant discomfort, bleeding, infection, stenosis, and velopharyngeal incompetence (VPI). As VPI can be extremely debilitating, Riley and Powell developed the reversible uvulopalatal flap (UPF) procedure to minimize VPI risk while still achieving a widened airway. This procedure has been used broadly for patients with OSA and snoring without OSA.

**Case Report**

- 34-year-old female with a ten-year history of recurrent tonsillitis and snoring without obstructive sleep apnea.
- BMI of 34.8, 2+ cryptic tonsils, elongated soft palate
- Underwent UPPP with UPF and tonsillectomy
- 3 weeks post surgery- sleep was improved, snoring was largely decreased, denied any VPI or other complications. Palate was well healed
- Five months post surgery- returned with sensation of something “scratching” her throat when swallowing and intractable, spontaneous gagging. Gagging was thought to be resulting from the turning out of palatal nasal mucosa during the UPPP.
- Placed on concentrated salt-water rinses to help shrink mucosa and diphenhydramine to suppress gagging.
- Adaptation and desensitization gradually occurred
- Nine months post surgery- “scratching” globus sensation and gagging had completely resolved.

**Conclusion**

The Uvulopalatopharyngoplasty (UPPP) with reversible uvulopalatal flap (UPF) is a safe and effective surgical option to address palatal level obstruction in patients with obstructive sleep apnea (OSA) and snoring without OSA. Our patient experienced a previously unreported complication of this technique of prolonged “scratching” globus sensation and intermittent intractable, spontaneous gagging. This was likely the result of newly sensitized orofacial receptors and added bulk from the out turning of the nasal mucosa. She was treated symptomatically with diphenhydramine to depress her gag reflex and with concentrated saltwater solution to help shrink her mucosa. Over time, she progressively became desensitized and had eventual resolution of her symptoms.

**References**


