



Case Report

A silent obstruction after strangulation: A case of post traumatic pharyngeal web

Anand Raju^{1*}, Sivakami.RK², Thushita Nivasini.S², Mano Leonie Divya²

¹Head of the Department – ENT, Kauvery hospital, Radial Road, Chennai, Tamil Nadu

²Associate Consultant – ENT, Kauvery hospital, Radial Road, Chennai, Tamil Nadu

*Correspondence

Abstract

Background: Pharyngeal webs are typically congenital anomalies diagnosed in the pediatric population, characterized by thin, mucosal, and submucosal membranes that eccentrically narrow the pharyngoesophageal segment. While acquired webs are occasionally associated with Plummer-Vinson syndrome, caustic ingestion, or radiation therapy, they are exceedingly rare as a sequela of blunt neck trauma. This case highlights a "silent" presentation where a web developed as a late, life-threatening complication months after a manual strangulation.

Key Words: Dysphagia; Boyle–Davis mouth gag; Endoscopic management

1. Introduction

Pharyngeal webs are rare causes of upper aerodigestive tract obstruction and are most associated with congenital anomalies, iron deficiency states, or iatrogenic injury. Acquired pharyngeal webs following blunt neck trauma are exceedingly uncommon and sparsely described in literature. Strangulation-related laryngeal injuries are known to cause mucosal tears, oedema, and scarring; however, delayed formation of a circumferential pharyngeal web remains a rare and under-recognized sequela.

2. Case presentation

A 22-year-old female presented with progressive dysphagia, which had advanced to absolute dysphagia. She had a significant history of accidental strangulation in December 2025, caused by entanglement of a dupatta while riding as a pillion on a two-wheeler. Following the incident, she sustained laryngeal trauma and was admitted under neurological care for dysphagia, requiring feeding jejunostomy for nutritional rehabilitation. There was no history of corrosive ingestion, prolonged intubation, or systemic illness.

Flexible video laryngoscopy revealed a circumferential, membranous pharyngeal web located immediately below the level of the epiglottis, causing near-complete luminal obstruction. Contrast-enhanced CT of the neck corroborated the endoscopic findings.

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3. Management

After detailed counselling and airway assessment, the patient was planned for surgical intervention. A temporary tracheostomy was performed under general anaesthesia to secure the airway and facilitate surgical access. Using a Boyle–Davis mouth gag, the pharynx was exposed and the web excised endoscopically using coblation under 45-degree endoscopic guidance. Residual webbing was removed under 0-degree endoscopy and haemostasis secured.

This was followed by oesophageal web dilatation performed by the gastroenterology team. The postoperative period was uneventful, and the patient was gradually initiated on oral feeds.

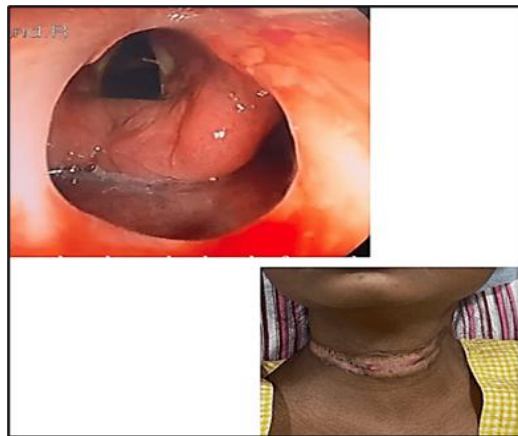


Fig (1): Neck picture and endoscopic view showing circumferential pharyngeal web just below the epiglottis

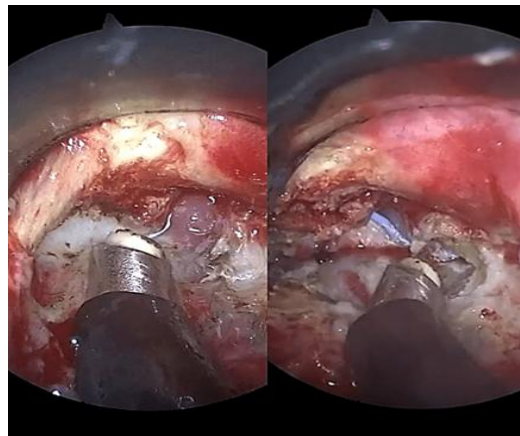


Fig (2): Intraoperative endoscopic pictures during coblation-assisted excision of the pharyngeal web.



Fig (3): Post-Operative picture of laryngopharynx with complete excision of pharyngeal web

4. Outcome

At discharge, the patient was tolerating oral diet well with complete resolution of dysphagia. On follow-up, she remained asymptomatic with satisfactory airway and swallowing function.

5. Conclusion

This case illustrates a rare, delayed presentation of post-traumatic pharyngeal web following accidental strangulation. The absence of early alarming symptoms can mask progressive scarring and obstruction, leading to significant morbidity.

6. Clinical take home message

- Persistent or progressive dysphagia following neck trauma warrants thorough endoscopic evaluation.
- Strangulation injuries can result in delayed cicatricial complications of the pharynx.
- Temporary tracheostomy ensures airway safety and optimal exposure during complex pharyngeal surgeries.
- Early recognition and timely endoscopic management can restore swallowing with excellent outcomes.