CLINICAL RECORD

A CASE OF MELANOMA OF THE NOSE

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THE following case, which was under the care of Mr. Watkyn Thomas, is reported chiefly owing to its rarity, and also owing to the striking appearance of the growth itself.

E.A., aged 72, presented himself complaining of a right-sided nasal obstruction with a brownish discharge from the right nostril, which he had noticed for four months. Recently he had some watering from the right eye and an occasional headache over the right side of the forehead. He had been a seaman until the age of 60, and now lived on an old age pension. His previous health had been good, except for the fact that he had undergone an operation on the left eye for cataract.

His right eye is blind now owing to the same cause. He had not lost weight, and on examination seemed in fair health.

Examination of the nose showed the whole of the right nostril to be blocked by a polypoid mass, which was bluish black in colour. The whole right side of the nose was enlarged externally, as the accompanying drawing, which was made from a sketch by Mr. Watkyn Thomas, will show. (Fig. 1.)

There were no palpable glands in the neck, nor any evidence of metastases elsewhere.

A probe passed along the upper and lateral sides of the growth with fair ease.

Examination of the post-nasal space showed a mass of growth, covered by slough, filling the right posterior choana.

X-ray examination showed erosion of the right nasal bone and the adjacent part of the superior maxilla.

The right antrum was dull, and there was some dullness in the right ethmoid region.

The case was referred to the Department of Deep X-ray Therapy, but it was considered unsuitable for treatment owing to the nature of the growth, and accordingly Mr. Watkyn Thomas excised the mass with diathermy, using a lateral approach and reflecting part of the cheek with the right nostril.

A large mass of growth was removed from the region of the inferior turbinate, and also from the right ethmoidal region. The posterior area of the nasal fossa and nasopharynx was full of growth also, and this was removed.

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The right antrum contained pus but no growth. The growth was found to originate from the right side of the nasal septum high up in the region of the superior meatus.

Five days after operation he was making a good recovery and the skin incision had healed.

Report of the section of the piece removed from the growth at Out-Patients showed a typical melanoma with large quantities of pigment. The section showed areas of epithelial proliferation, and again areas which were more suggestive of sarcomatous change. The cells were typical of those of a highly malignant growth.

Two microphotographs are given, showing the appearance under the low and high power. (Figs. 2 and 3.)

Commentary

The chief interest was to determine from what cells this very rare tumour arose, and there seemed to be two possibilities: first, that the pigmented cells of the olfactory epithelium served as parent, or secondly, that the nose reverted to a state seen in more primitive animals, and had cells containing pigment scattered over its interior. The first suggestion seems more likely in this case, owing to the findings at operation.

In view of the evidence of early reports, the outlook in this case seems poor, although he made so good a recovery from operation.

In spite of this gloomy prophecy, I have personal recollection of a case in which there has been up to the time of writing survival for ten years from a block dissection of melanomatous glands of the neck, following removal of the primary growth, although the latter was not in the nose.

I am indebted to Mr. Watkyn Thomas for permission to publish this case, and also to Dr. Lucas, the pathologist to the hospital, for his report on the section.

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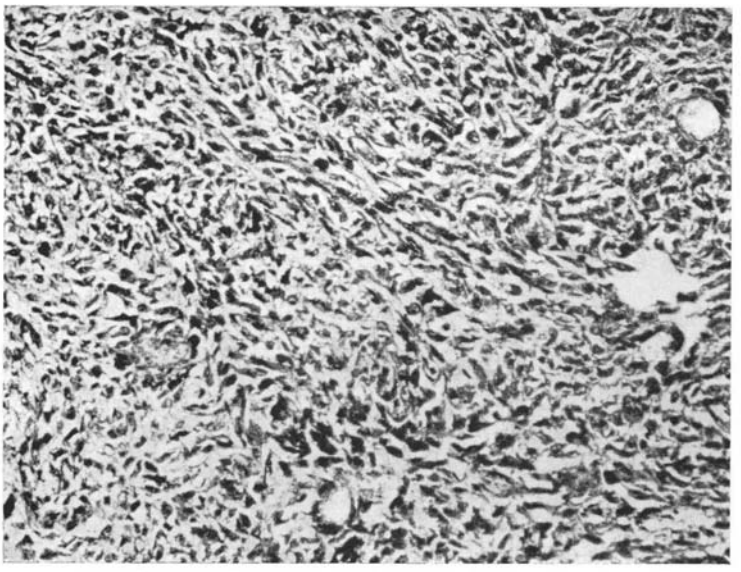


Fig. 2.

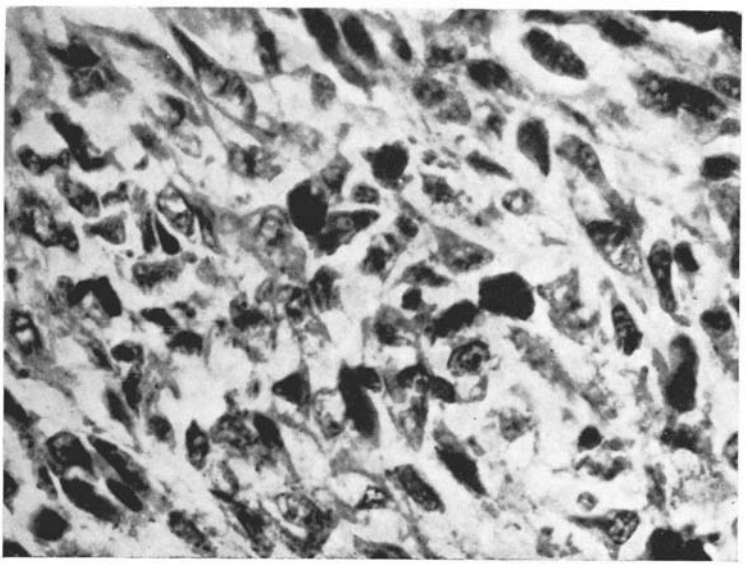


Fig. 3.

[face p. 94

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