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ROYAL SOCIETY OF MEDICINE—LARYNGOLOGICAL SECTION

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President: VICTOR LAMBERT, M.D., F.R.C.S.

Discussion on Malignant Granuloma and Scleroma

THE opening papers appear on pp. 309 sqq. of this issue.

MISS JOSEPHINE COLLIER mentioned a case of granuloma which presented rather different features from the typical cases described by the openers. This was a woman of 36 in whom the condition appeared to start as a reaction of the mucous membrane of an allergic type, with modified remissions, progressing to granuloma formation and necrosis of underlying bone. There were also granulomatous masses in the paratracheal glands which spread into the thyroid and the neighbouring muscles and later an enormous mass in the pelvis. Syphilis was ruled out by the venereal department. Histology excluded malignancy and no significant organism was found. Peri-arteritis nodosa was present only in the granulomatous areas and none was present in the kidneys or liver. Deep X-ray had no effect, tracheotomy became necessary, the bladder became involved, and the patient died in 16 months.

MR. K. M. MAYALL reported a recent case in a girl of 21, starting in the floor of the nose and progressing to an ulcer of the hard palate. Penicillin and sulpha drugs were of no avail, the patient was still in Leeds Infirmary where deep X-ray has given a slight improvement. There was no evidence of polyarteritis.

DR. A. LASKIEWICZ reported two cases of typical rhinoscleroma in women of 37 and 29 with scleromatous infiltration of the lachrimal sacculus in the form of a beansize prominence in the internal angle of the left orbit. Both had deformities of the external nose as a bulky infiltration and induration of vestibulum besides typical scleromatous infiltrations of the upper alveolar processus, the palate and the pharynx. Posterior rhinoscopy revealed the displaced and retracted uvula towards the nasopharynx, caused by cicatricial shrinking of plica salpingopalatina and palato-pharyngea. Posterior nares showed stenosis in the form of curtain-like cicatricial changes of the choanal frame. These particulars are characteristic for scleroma in difference to the tertiary syphilitic changes in this part of the upper respiratory organ. From these infiltrations and the puncture of the lachrimal sacculus *Klebsiella rhinoscleromatis* (Frisch) was cultured and the odour of the mucopurulent and crusted secretion was likened to that of carpenter's glue. Both were treated successfully by deep X-ray and rhinolaryngological surgery.

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MR. MAXWELL ELLIS described a case, already discussed by Dr. Friedmann, seen in 1947 after two years of disease—antibiotics had no effect and radiotherapy was not at first considered. She was treated with large doses of pot. iodide and then calciferol. There was improvement, but recurrence in a few months. A very small dose, 300 r in five weeks, of deep X-ray was then given and the lesion healed completely. Plastic operations to close the hole in the face were undertaken after four years and no trouble had ensued. She had now been well for five years and it was 10 years since the onset of the disease. This case record is shortly to be published.

MR. J. H. OTTY desired to put on record four cases of malignant granuloma. Three of the patients had died. All had small doses of X-rays. The most recent case was still alive, but in spite of antibiotics, A.C.T.H. and deep X-ray therapy was still deteriorating. He also had had a case of rhinoscleroma which he saw in 1948. The biopsy showed some granulation tissue. In 1950 the diagnosis of rhinoscleroma was made. The patient had had two courses of streptomycin, each of 35 grams or more. The lesion healed, but after 18 months broke down again. There was very great fibrosis, especially about the alae nasi, and the patient complained of considerable difficulty in breathing. He saw her perhaps four months ago and he thought there had been some recurrence of activity on the upper surface of the soft palate and the uvula.

MR. W. A. MILL believed the complement fixation test to be of value. He had a case of scleroma under his care for eight years. Specimens of blood had been sent to Warsaw for the complement fixation test and were found to be positive. The patient had had the disease in the nose and nasopharynx, but the main lesion was in the larynx, where there was a large granuloma on the epiglottis. He was treated with streptomycin and aureomycin and also teleradium. The granuloma was removed. The case had been followed for eight years and for the last two years had been perfectly well.

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