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ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY

February 7th, 1964

Discussion on Lymphangiography

MAXWELL ELLIS, M.D., M.S., F.R.C.S. (London) hoped that the work might lead to some proof of the value, or otherwise, of so-called prophylactic neck dissection. His own views that this is an undesirable operation seemed to be supported by the findings Dr. Fisch had described.

For many years it has been thought that the body resisted cancer and had a defence reaction against it, and this conception was beautifully illustrated by some of the histological preparations we had been shown. Had Dr. Fisch any information yet about this reaction in the lymphatic nodes after the ischæmia and fibrosis of irradiation? The surgical problems presented by cases of failed irradiation are often very difficult, and this experimental method might be helpful.

ANTHONY GREEN, F.R.C.S. (London) said that lymphangiography should prove a valuable guide to radiotherapists when 100 cases have been reported with full pathological findings to aid interpretation.

He felt that the injection of cytotoxic drugs or radioactive substances into the lymphatics should be considered cautiously. All the present evidence showed that they could not reach the malignant deposits which replaced the nodes.

PROFESSOR I. FRIEDMANN, M.D., F.C.Path. (London), asked Dr. Fisch how often was there microscopical evidence of secondary carcinoma of the cervical lymph nodes in those specimens which showed a "block" on lymphography.

G. P. WALSH-WARING. The technique used at St. Mary's Hospital to demonstrate the cervical lymph vessels and glands was in essentials the same as that used by Dr. Fisch, and as described by Professor Kinmonth. It differed in that a preliminary X-ray film was exposed while infusing a 45 per cent. watery hypaque solution, to minimize the risk of injecting the iodized poppy seed oil, used in these studies, into the tissues of the neck, leading to a sterile abscess. Using the dye Patent Blue V 11 per cent., lymphatic vessels had been visualized 15 minutes after injection, and a successful lymphangiogram was obtained eight hours after this injection.

A constant relationship had been noted between the retro-auricular pulse (the occipital branch of the posterior auricular artery), and a deep lymphatic vessel suitable for cannulation. It was observed that the deep lymphatic vessels ran to the anterior group, whereas the subcutaneous lymphatic vessels, never

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suitable for cannulation, ran to the posterior group of the upper deep cervical lymph glands.

The drawbacks to the technique were first that it was a lengthy procedure. There was a danger that the lymphatic vessels were injured while injecting the local anæsthetic and also by the cannula while positioning the head for X-ray pictures. There was also a risk of leak from the apparatus and from the lymphatic vessel while infusing the viscous oil solution. It had been noted that lymphatics after irradiation were very fragile and tended to rupture under the pressure of the infused oil.

An attempt was made to show metastases in cervical lymph glands from head and neck neoplasms. This was difficult because of filling defects due to the normal anatomical structure of a lymph gland, fibrosis from past infection and the immiscibility of oil with the aqueous lymph in the peripheral lymphatic sinuses. The last was overcome by taking serial X-ray pictures to show a changing pattern.

The dangers of the technique were those of injecting an iodized oil into the systemic circulation or into the tissues of the neck, iodine sensitivity, wound infections, sterile abscess formation, syncopal attacks, oil embolus and a lymphoid pneumonia. None of these had been seen in the present series.

In conclusion it was thought that this was potentially a most useful investigation, but at the moment it was still in the experimental stage.

Discussion on Complications of Sphenoiditis

A. Mackenzie Ross, M.D., D.L.O. (Bournemouth). He was most interested in Mr. Zalin's paper and wished to compliment him on drawing attention so precisely to the "hidden spaces of the skull". Just recently he was consulted by a patient who reminded him that ten years ago he had successfully operated on his wife for an infected maxillary sinus which had evidently been the cause of recurring ulcers in her left eye and which the ophthalmologist had been unable to cure.

William Stirk Adams, F.R.C.S. (Birmingham). Mr. Zalin in his reference to the psychiatric complications of sphenoidal sinusitis mentioned the pioneer investigations by Graves and Pickworth into the relation between mental disorder and somatic lesions which they carried out in the City of Birmingham Mental Hospitals from 1922-52: and as a member of the surgical team privileged to be associated with this enquiry for several years, he welcomed the opportunity of giving his personal experience of this clinical research.

In each of the three City hospitals a continuous O.R.L. survey of patients was carried out over the whole period in weekly diagnostic or operative sessions, and the clinical and X-ray studies of their accessory nasal sinuses showed a high incidence of infection. These cases were then investigated by surgical examination of the sinuses under anæsthesia by a transnasal exploration with the Watson Williams blunt trocar and cannula, and suction syringe technique.

Infection was found most frequently in the maxillary antra, less often in the ethmoid, and least often in the sphenoidal sinus.

When exudate was aspirated from the sphenoid, or its posterior membranous wall was found to be thickened, the anterior bony wall of the sinus was widely

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removed by punch forceps. Routine bacteriological examination of the sinus washings was carried out: and operative treatment was followed by a course of Proetz suction which continued until the returns became clear, and measures to stimulate somatic resistance, by induced pyrexial reactions were instituted by courses of injections of T.A.B. or Colsul.

In the final assessment it was shown that full mental recovery took place in approximately 40 per cent. of the younger schizophrenic patients—regarded previously as an almost irrecoverable condition—and there was also a great improvement in recoveries in those affected by subacute and chronic confusional states. These results also had an important effect in giving an impetus to later developments in the physical, surgical and pharmaceutical treatment of mental disorders.

He concurred with Mr. Capp's reference in the discussion to the co-operation which exists today with our psychiatric colleagues in the investigation of these problems, but it is still necessary in our teaching to stress the diagnostic significance of the unilateral headache, and particularly the lateralized subfrontal or circumscribed occipital headache as an indication of the presence of an acute or chronic sphenoidal sinus infection.

Discussion on Blood loss on E.N.T. operations

SIR DENIS BROWNE, F.R.C.S. (London). Mr. Shalom's paper is most important and most disturbing. It shows quantitatively what has been pointed out by many writers, that in attacks on the tonsils and adenoids of children amounts of blood loss are tolerated that would cause great alarm in other operations. In 1927 I pointed out that the dangerous bleeding was venous and not arterial, and described the responsible vessel under the name of the "paratonsillar vein". This vein has no part in the blood supply of the tonsil, and may or may not be injured in the operation according to the method used and the very variable anatomy. I teach that it should be ligatured in every case without exception or delay, as even if uninjured it is probably the source of the rare but disastrous condition of true secondary hæmorrhage. The use of the Davis gag makes this ligaturing much more difficult than it need be, as it narrows the empty tonsillar fossa into a slit, at whose upper end the vessels should be caught. A study of modern text-books will show that this anatomy is still not understood, and in consequence throughout the country children are bleeding dangerously and even to death in the care of those who do not understand what is bleeding and have no efficient method of controlling it.

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