SOCIETIES' PROCEEDINGS

VIENNA LARYNGOLOGICAL SOCIETY

Meeting June 5th, 1934

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, November, 1934

By A. R. TWEEDIE

CASES

Melano-Sarcoma of the Meso-Pharynx.—JOSEPH FISCHER.

A man, aged 46, was shown, who had complained for the last eight weeks of a feeling as of a foreign body in the throat on swallowing. This was not, however, associated with any pain or dyspnœa although, eight days ago, for no known reason, a feeling of faintness occurred. No loss of weight. The patient was a chronic alcoholic until three years ago. On examination, an irregular bluish-red tumour of firm consistency and covered with epithelium was to be seen occupying the greater portion of the *sinus pyriformis* on each side and lying in contact with the laryngeal aspect of the epiglottis. Its origin was on the posterior pharyngeal wall. The larynx could be seen and was unaffected on phonation. The veins of the posterior wall of the pharynx were enlarged. Biopsy revealed melano-sarcoma.

On further general examination, no suggestion of a primary lesion was to be found and no pigmented nævi were to be seen on the skin, nor did radiography indicate any lesion of the skull or vertebrae. The patient was shown as an instance of a rare condition. The Exhibitor proposed as treatment primary reduction of the tumour by diathermy, followed by insertion of radium, and said he would report the result of his treatment later.

In the commentary which followed, reference was made to a similar case in which the tumour had first been removed with a galvanic cautery snare, and a recurrence two years later was extirpated by lateral pharyngotomy.

Another member agreed that the case would be better treated by radium rather than by X-rays, since by radium one could give a dose of 8,000 r. whilst by X-rays only 4,000 r. were possible ; and a further speaker advised the removal of the tumour by the galvano-cautery snare and treating the base with radium or deep X-ray therapy.

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A warning note was also sounded as to the possibility of dissemination by anything in the nature of surgical interference, and the importance of applying the radium around, rather than into, the tumour, was also emphasized.

Cellulitis of the Lateral Pharyngeal Wall. Collar Mediastinotomy.—C. WIETHE.

This report referred to a man aged 56 who, three days before his admission to hospital, was the subject of severe pain on swallowing, and dyspnœa.

On examination, an extraordinary phlegmonous condition of the left pharyngeal wall was found. The left side of the larnyx was also markedly œdematous, whilst the region of the large vessels of the neck, throughout their whole course, was exquisitely tender. Temperature sub-febrile.

The lateral pharyngeal wall was incised, with evacuation of a small amount of very offensive pus, revealing a cavity, the walls of which were necrotic.

A few days later a prophylactic collar mediastinotomy was carried out under local anæsthesia, when the upper part of the parapharyngeal region was found to be healthy but, at the level of the larynx, in the sheath of the vessels and in the para- and retropharyngeal area an abscess, full of very offensive pus, was opened. It reached down beside the œsophagus to the level of the second rib. At the present time, one day after the operation, the wound was abnormally dry and the general condition of the patient far from well, so that in spite of an apparent control of the cellulitis, the prognosis was not good. Bacteriological report on the pus did not show the presence of either *hæmolytic Streptococci* or *B. coli*.

Discussion revolved round the question of collar mediastinotomy and its immediate results, the first speaker pointed out that it was the common practice to ligature the internal jugular vein immediately after the occurrence of the first rigor, in order to control the dissemination of sepsis; and that as for the collar mediastinotomy, in some cases, immediate death from cardiac failure had followed this procedure, probably as the result of interference with the vagus. He suggested therefore that both these prophylactic procedures should be subjected to further consideration. Others pointed out that sudden death in these cases was to be referred to the presence of a general septic condition; and that collar mediastinotomy and ligature of the jugular alone must be considered separately, since death following ligature of the jugular was a very rare occurrence. In conclusion, the Author drew attention to an important symptom associated with cellulitis of the throat, namely, the complaint of a feeling of severe burning beneath the sternum in the anterior mediastinum. He also

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suggested that, in this case, the very high frequency of the pulse with a relatively low temperature indicated a severe lesion of the heart muscles.

A set discussion on collar mediastinotomy was arranged to be held in October.

Extreme Polypoid Condition of the Nose with Expansion of the Nasal Bridge.—M. WEIL.

A woman, aged 80, had been operated on for removal of nasal polypi in 1891, 1893, and 1898, after which treatment she had been fairly comfortable, but she now complained that for the last five years both sides of the nose had become completely blocked, whilst during the last year the polypi had protruded from the nostrils and the nose had become expanded. During the preceding four weeks swelling of the right cheek with headache had occurred. Some years ago also an iridectomy had been performed on each side on account of glaucoma.

On examination, polypi could also be seen behind the soft palate. Some fifteen portions of the polypoid mass had been removed from the *left* side (as it was considered wise in this case to proceed with caution) which showed nothing suspicious in character, although there were some indications of a malignant character in the right side.

Criticism turned on the possibility of an underlying malignant lesion with such a large bony displacement, of which the main symptom would be repeated epistaxis—which was not present in this case. It was also remarked how little such people seemed to suffer under such extreme local discomfort, due presumably to the fact that, the development of this condition being so slow, a certain amount of accommodation to the lack of nasal respiration was established. It was also remarked how seldom nasal polypi led to such expansion of the nose, whilst reference was also made to the fact that these cases not seldom appeared in families, as Burger had pointed out.

Carcinoma of the Epiglottis treated by Deep X-rays and Radium.—E. WESSELY.

A man of 37 had complained of a feeling of pressure in the neighbourhood of the larynx chiefly on swallowing, for three months prior to admission to hospital. On examination, a large tumour was to be seen on the upper portion of the epiglottis, largely obscuring a view of the larynx. Biopsy showed squamous-celled carcinoma.

As scarcely any response was obtained to treatment by deep X-ray therapy, two months later radium was inserted (640 mg. hours) followed one month later by another dose of 700 mg. hours. The tumour shrunk gradually towards the termination of

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the radium treatment but at the same time the patient suffered from severe pain in both ears and considerable deterioration in general condition. On examination now, a large defect was found in the epiglottis and an irregular necrotic area in the vallecula. As, too, tenderness appeared over the hyoid, the body of this bone was resected *viâ* a median incision, with the result that the intolerable pain on swallowing was immediately relieved. A fistulous opening now remained which it was proposed should be closed in a few days' time. This procedure was prompted by the Exhibitor's experience of a similar case about a year ago.

One speaker suggested that in this case it might have been better to have removed the tumour first and then have started the deep X-ray therapy, whilst another pointed out that the great danger in deep X-ray therapy was a secondary infection.

Wessely, in conclusion, remarked that statistics showed that such tumours of the epiglottis were particularly irresponsive to deep X-ray therapy.

A. HEINDL.

A woman of 75, some days before her admission to hospital, had suddenly had a high fever with pain in the throat and hoarseness. On examination, the whole mucous membrane of the mouth, pharynx and larynx was found to be injected and coated with an ill-defined confluent deposit. The interior of the larynx itself was not affected, nor was any similar lesion to be seen in the skin. The diagnosis lay between pemphigus, erythema multiforme and a toxic stomatitis, but as these first appearances quickly disappeared most surprisingly and were replaced by typical vesicles, the diagnosis of pemphigus was easily established. Treatment with Germanin was therefore at once begun; 0·5 gramme was given intravenously and, as this was well tolerated, the dose was soon increased to 1 gramme, the treatment being controlled by careful and repeated examination of the urine. The interval between the injection was six to eight days and, in all, some 6 to 9 grammes could be injected although there were some departments where a total dosage of 15 grammes had been given. By this method, in a large percentage of cases, a long period of remission could be obtained.

ST. KORNHÄUSER.

A man of 57 whose left maxillary antrum had been opened thirty-five years ago *viâ* the alveolus on account of empyema, had since then worn a vulcanite plate with a projection into the alveolar drain. The patient now reported that some days ago this projection had been broken off. X-ray examination disclosed the presence of a foreign body in the antrum, some 5 cm. long and 5 mm. in diameter. A Caldwell-Luc radical operation was therefore performed, when the broken-off portion of the plate was removed

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and the antrum found to be in a chronic inflammatory polypoid condition.

Normal recovery took place.

Malignant Tumour of the Left Ethmoid.—H. BRUNNER.

This woman had originally been shown at the June Meeting in 1933 with an established diagnosis of Ewing's sarcoma and, as the result of the advice then given, had been treated as follows:

Starting on *October 16th*, 1933, and terminating in *March*, 1934, seven treatments by X-ray therapy were given with a dosage of 300 r. through a 5 per cent. zinc filter on each occasion. The left sphenoid field *viâ* a pre-auricular approach had been given the same dosage in five sittings; and the left mandibular field a dose of 200 r. in seven sittings with the same filter. Further treatment was then discontinued as atrophic conditions appeared in the skin, with vaso-dilation.

On *September 29th* the patient reported that a few weeks ago she had suffered from erysipelas and a temperature of 41° C., associated with headaches. Her general appearance was good but the local conditions were unaltered and X-ray examination showed that cells of the left ethmoid were still much affected and the left sphenoid sinus was hazy, with boundaries indefinite.

The intranasal condition, under examination with cocaine, revealed nothing abnormal on *October 25th*, nor was any inflammation of the skin found, but below the left mandible the soft parts were œdematous.

Further X-ray examination on *December 19th*, 1933, indicated that the pathological conditions were progressing unfavourably and, by *January*, 1934, the general state of the patient was worse and the tumour could now be seen occupying the greater portion of the middle meatus of the nose. As the intranasal portion of the tumour was increasing in size and further X-ray therapy was contra-indicated, 50 mg. of radium were inserted into the mucous membrane of the septum in the left side of the nose for nine hours, in a brass filter.

Considerable reaction occurred, as evidenced by a temperature of 38°C., headache and increase of secretion for four days after treatment when they suddenly ceased. Radium treatment was again repeated on *March 9th* with a good result. In *April*, 1934, attention was directed to a lesion in the left breast about the size of an apple, associated with palpable glands in the corresponding axilla.

For this the typical amputation of the breast was performed on *April 24th*, the histological examination showing "Carcinoma Simplex".

The pathologist considered, after examination of the two specimens, that the tumour was similar in character to that of the

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nose, and considered that the correct solution of the problem was an overlooked mammary carcinoma with metastases in the axillary glands and bones of the face.

As this astonishing report was difficult to reconcile with the previous diagnosis of Ewing's sarcoma of the nose, both specimens were submitted to another pathologist who was inclined to regard the Ewing's sarcoma of the nose as the primary lesion and the mammary tumour as a metastasis of the same ; whilst yet a further view was advanced that, in spite of the similarity of the histological appearance of the two tumours, a sarcoma of the nose and a mammary carcinoma had occurred in the same individual independently of each other.

On *May 30th* the nasal septum was resected in order to obtain efficient approach for further treatment of the tumour in this situation, which now occupied the nasal passage and extended back to the posterior choana. This portion of the tumour was again submitted to the pathologist for examination, who reported that it was a tumour of malignant nature, similar to that found in the breast, sarcomatous in appearance but quite possibly an underdeveloped carcinoma.

It was now decided to carry out further treatment by radium *viâ* an opening in the anterior wall of the maxillary antrum.

Carcinoma of the Nasopharynx with Multiple Metastases.—RICHARD WALDAPFEL.

A man, aged 60, in *April*, 1931, developed a tumour of the left cervical glands, which was removed by operation. Histological report showed it to consist of squamous-celled carcinoma. No primary tumour, however, could be found. About a year later, the glands beneath the right lower jaw became involved. At the same time a tumour in the nasopharynx was discovered, which also proved to consist of squamous-celled carcinoma. Accordingly, there could be no doubt that the original lesion of the cervical glands was a secondary metastasis from this newly-found source. Deep X-ray therapy was now adopted both for the primary tumour and both sides of the neck, with the result that all evidence of the tumour disappeared but, as a further measure of safety, the radium bomb was applied on both sides.

In *May*, 1933, the patient complained of pain in the left lumbar region on movement. An X-ray examination showed an area of destruction in the 12th dorsal vertebra. Further X-ray treatment was therefore applied to this region with obvious improvement.

In *January*, 1934, the right iliac region and right upper arm became painful, and X-ray examination showed a lesion in the corresponding humerus and iliac bone. Again local X-ray treatment was adopted, with great improvement.

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In *April*, 1934, pains occurred on the right side of the chest and at the same time the right choana of the nose was found to be occupied by a necrotic mass. X-ray examination showed lesions in the ninth rib, on the right side, and in the left iliac bone. These lesions, like the others, responded to a course of X-ray treatment.

Since the end of *April* severe epistaxis occurred, for which marked septal irregularity had to be resected in order to reach the bleeding point for purposes of applying a pack to control the hæmorrhage. Unfortunately, a severe erysipelas developed two weeks after this operation, with high fever, to which the patient succumbed.

The speaker drew attention to the fact that the primary lesion was a carcinoma of the epipharynx which at first was not evident and the case had been believed to begin with a primary infection of the cervical glands. Such a primary lesion and such extensive metastases in the bone were extremely rare. He also raised the question as to whether these metastases were in any way related to the intensive X-ray therapy, as the radiologist had suggested might possibly be the case.

VIENNA LARYNGO-RHINOLOGICAL SOCIETY

Meeting May 8th, 1934

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, October, 1934

By A. R. TWEEDIE

CASES

Carcinoma of the Right Ary-epiglottic Fold. X-ray treatment by Coutard's Method. Local Recovery.

—F. HUTTER.

A man, aged 50, when first seen at the end of *January*, 1933, was found to have a large ulcerated lesion in the area of the right ary-epiglottic fold. The lymphatic glands were not involved and the Wassermann reaction was negative but biopsy revealed squamous-celled carcinoma. In view of the favourable experience with this form of treatment and, as the patient declined operation, deep X-ray therapy was undertaken, with the result that examination now showed an almost normal appearance at the site of the original lesion. The treatment had been continued over a period from *February 12th* to *March 22nd* last year, twenty-six treatments in all; fourteen applications being made from the right and twelve from the left side, with a duration on each occasion of about fifty-five minutes, and with a total dosage calculated about 4,000 r. Considerable local reaction occurred both internally and externally,

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