Societies' Proceedings

VIENNA LARYNGO-RHINOLOGICAL SOCIETY

Meeting June 26th, 1934

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

By A. R. TWEEDIE

CASES

Extensive Spontaneous Defect of the Lower and Outer Wall of the Right Maxillary Sinus.—JOSEF FISCHER.

A man, aged 61, who had long suffered with bad teeth, had all his teeth removed in 1918. He reported that shortly afterwards a hard body, which he had regarded as a tooth, came away, accompanied by blood and pus, but that it had left a great hole in the upper jaw which had not closed. An obturator had been fitted which he still wore, but he stated that both fluids and soft foods passed out of the nose.

In the region of the outer buccal wall of the antrum a defect was now to be seen the size of a 2s. piece. No opening into the nose could be seen or felt. The Wassermann reaction was negative, and no obvious signs of phthisis were found.

Opinions were asked as to whether this necrosis had caused a true exposure of the antrum itself or had opened a cyst of the antrum.

Gangrene of the Lung after Aspiration of a Foreign Body.—F. HASLINGER.

A man, aged 49, reported that in *September,* 1933, he had "swallowed" a splinter of bone, following which a very severe attack of coughing had occurred and an irritable cough had continued. Bronchoscopic operation was undertaken at another hospital but, as no foreign body was found, the patient had been discharged for out-patient observation.

In *May,* 1934, a sudden attack of severe fever had occurred, accompanied by rigors and expectoration of extremely offensive sputum. A rapid loss of weight occurred with physical signs of a lesion of the upper part of the right lung, which was confirmed by X-ray examination and a temperature rising to 41°. Bronchoscopy in *June,* 1934, by the Exhibitor revealed: inflammation of the tracheal mucous membrane and also of the main left bronchus, which was occupied by a purulent accumulation. On further examination and repeated suction of the right bronchus active bleeding granulations were found in the area of the lower lobe on this side, and eventually a yellowish foreign body which proved to be a portion of bone was discovered and extracted. On the following

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day the temperature already began to fall and by the tenth day was normal. The offensive sputum soon ceased, and the general condition of the patient rapidly improved so that in a few weeks' time he was able to be discharged from hospital.

Bi-lateral Paralysis of the Vocal Cords following unilateral lesion of the Vagus.—E. SCHLANDLER.

A man was shown on whom an operation on the lateral sinus and jugular vein had been performed, following a severe pyæmia, the result of an acute otitis media on the right side.

Three weeks after the operation on the jugular vein, the ligature on the lower end of the vein had come away when the dressing was changed. The immediate profuse hæmorrhage which had occurred from the lower end of the vein was controlled as a temporary measure by a clamp, since it was impossible at once to isolate and again ligature the vein, owing to the wound being filled with granulations. Later, under general anæsthesia, it was found that the common carotid and vagus had been included in the clamp.

The jugular vein was therefore again dissected out sufficiently for the application of another ligature. Immediately afterwards the patient became hoarse and examination revealed a fixation of both vocal cords in abduction. (A normal appearance of the larynx had been noted at his original admission.)

The explanation of the lesion of the right side owing to damage of the right vagus was quite clear, but how could the paresis of the left side be explained? It was quite possible, of course, that this might have resulted from some central lesion associated with a sudden onset of coughing which occurred in connection with the emergency effort to control the bleeding when the dressing was removed.

Some atypical anatomical connection between the two inferior laryngeal nerves might also be regarded as a possible cause, whilst, as a yet further cause it might be suggested that the aryteno-cricoid joints had been affected by some septic metastatic deposit in connection with the suppurative middle-ear lesion, as had also occurred in both the shoulder and the knee-joint.

In the discussion which followed, it was suggested that a hæmatoma might have affected both nerves; and that, as the common carotid had been included in the ligature, the paralysis of the opposite vocal cord might then have well been due to some central lesion.

A Case of Osteoma of the Maxillary Antrum.—H. NEUMANN.

A man, aged 21, was shown who had been operated upon in the previous *May* on account of an osteoma originating in the left

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ethmoidal area. Eight months ago symptoms of pressure on the eye had appeared but for various reasons he was not seen again for ten weeks, when further symptoms had occurred associated with dilatation of the pupil of the eye on the diseased side.

At another operation the tumour was removed in two portions and was found to occupy the greater portion of the frontal sinus and the ethmoidal area, whilst another portion, almost as large, lay in the region of the fronto-nasal duct.

Histological examination revealed a central portion of spongy bone surrounded by a compact cortex, corresponding to the structure of an exostosis such as is found in the external auditory meatus.

An uninterrupted local and general convalescence followed. The protrusion of the eye had nearly disappeared although the dilatation of the pupil persisted, and double vision was evident only on extreme movement of the eyes to the right.

In conclusion, Neumann laid stress on the intracranial complications which might follow this operative procedure, but which fortunately had not occurred in this case.

Two unusual cases of Epistaxis.—H. MARSCHIK.

(1) *Hæmangioma Cavernosum.*—A man of 49 had suffered from bleeding from the right side of the nose six months before coming under the Exhibitor's care, and a specialist who examined him found very considerable swelling of the mucous membrane in the right side of the nose and the appearances of a suppurative sinusitis.

Puncture of the maxillary antrum revealed pus; but severe attacks of bleeding continued, associated with much pain. A radical operation was offered, but was declined by the patient. Attention was therefore restricted to palliative treatment, but as severe hæmorrhage still persisted, and a bleeding polypus of the septum was suspected, the patient was sent to hospital.

On examination, a large, red, smooth tumour was found in the right side of the nose, apparently originating from the septum, which was markedly deviated to the left. Posterior rhinoscopy showed nothing abnormal except swelling of the end of the turbinate and an injected mucous membrane. Removal of a portion of the tumour was attempted under a general anæsthetic, but the bleeding was so severe as to necessitate immediate packing. Histological report on the portion removed showed a cavernous angioma.

X-ray examination gave the impression that the tumour occupied not only the right side of the nose but also the maxillary antrum and had thrust the septum to the left side. A radical operation could not be considered on account of the bleeding and it was proposed to treat the tumour with radium.

A further report would be made on the result.

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(2) *Bleeding from the Right Sphenoidal Sinus.*—A woman, aged 39, had blood-stained expectoration for the first time one and a half years ago. Examination of the chest was negative and as the source of the trouble was suspected to be in the tonsils, these were removed, but without any effect on the hæmoptysis.

In *February*, 1934, as the bleeding became worse, the Exhibitor was asked to see the patient, when he found the anterior portion of the nose normal in appearance but, on posterior rhinoscopy, the pharyngeal wall was covered with freshly shed streaks of blood and the right posterior choana was occupied by blood-clot.

Further examination of the nose was then conducted under cocaine and adrenalin, until the anterior wall of the sphenoid was visible, when it could be seen that the bleeding came from the sphenoidal sinus and could be controlled by packing the sphenoidal ostium. X-ray examination did not assist towards the diagnosis of the cause of the bleeding, as the walls of the sphenoidal sinus showed no definite pathological change.

After consideration of the history and source of the bleeding it was determined to treat the patient with radium and, up till now, she had received 600 mg. hours, the carrier being passed into the sphenoidal sinus, with the result that the bleeding, which had become much less in frequency and severity now for some days, had completely ceased. It was suggested that the probable cause of the bleeding was some form of angioma. Examination of the blood revealed a normal condition with no delay in coagulation, and it was also noted that in spite of the repeated hæmorrhage over all these months there was no evidence of anæmia.

Demonstration of a Case of Madelung's Disease (Fatty Neck) (*Handbuch der Hals-Nasen, Ohrenheilkunde*, ix., 559).

—C. WIETHE.

A man, aged 64, was shown, who for ten years had suffered from a general enlargement of the neck whilst, latterly, in addition, symmetrical swellings had developed, sometimes larger and sometimes smaller. The patient complained of difficulty in swallowing. One could see now two symmetrical swellings, soft in consistency and about the size of the fist, on each side of the neck, and, below the left occipital region, there was another swelling and yet another smaller swelling surrounded the larynx. In the pharynx symmetrical swellings appeared on each side which reached down to and overlay the arytenoid cartilages, so that this area of the larynx and the pyriform fossae could no longer be seen. The condition, according to some authors, is due to endocrine disturbances and is most probably attributable to some derangement of the thyroid or pituitary gland.

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As regards treatment, injections of ether and alcohol into the tumours themselves might be attempted.

A further report on the case would be given.

Case of Para-Œsophageal Abscess.—C. WIETHE.

This case had been brought forward at the previous Meeting in November and was now shown after a normal convalescence and with a healthy condition of the wound. The patient was able to swallow better and felt very well. On the other hand, the condition of the wound indicated a peculiarity which had been observed in similar cases, namely, that the para- and retro-œsophageal space was only occupied with spongy cellular tissue and showed no tendency to granulate, but the margins of the wound were granulating to such an extent that it was difficult to prevent the wound closing.

AUSTRIAN OTOLOGICAL SOCIETY

Meeting June 25th, 1934

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

By A. R. TWEEDIE

CASES

Unusually severe Pyæmia following bi-lateral acute Otitis Media. Recovery.—L. HOFFMANN.

In a boy aged 9½ years, following a sore throat, an acute otitis media occurred on both sides, with a spontaneous perforation at the commencement of *November,* 1933, and continued till *November 20th,* 1933, when the condition was associated with a high fever. After an afebrile interval of four days, as the temperature again rose and was accompanied by frequent vomiting, the child was admitted to hospital on *November 25th,* 1933.

Examination.—General picture of severe septic infection with icterus, temperature 36 to 41° C.; enlargement of the spleen and liver. Culturable hæmolytic streptococci in the blood. As other sources of infection could be excluded the cause was attributed to the aural condition, which showed profuse bilateral otorrhœa with central perforation of the membranes, but without any œdema of the meatal walls or the post-aural region and no local pain or tenderness. *November 30th,* 1933. *Operation.—Right Ear*: Purulent mastoid content under pressure. Sinus found lying unusually far forward. Bone chiefly sclerotic and cellular only in the retro-facial area. The antrum was very deep and difficult to discover, but

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