CLINICAL RECORDS

A CASE OF RHINO-SCLEROMA

By T. McM. BOYLE (Leeds)

THIS patient, a female Jewess, now aged *72*, was first seen in *1954* complaining of nasal obstruction and enlargement of the nose, advancing over a year or two. There was a firm generalized swelling of the nose; the nasal airways could not be examined because of firm mucosal swelling over the septum and anterior ends of the inferior turbinals. The swelling failed to shrink after cocaine applications; the nasopharynx appeared normal as were sinus X-rays. Biopsy of the anterior end of the right inferior turbinal showed fibrosis and patchy infiltration with



FIG. 1.

Large-field view with 1½ inch objective, showing edge of the dense granuloma (right lower half) and extending up into dermis and corium. Stratified epidermis and pilo-sebaceous elements at top. Hæmatoxylin and eosin. ×29.

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FIG. 2.

Detail from Fig. 1 showing dense fibrotic follicles between muscle bands. H. and E. × 100.

leucocytes among which eosinophils were prominent. There were no other physical abnormalities and no relevant history.

She was treated with various decongestants without relief and a year and a half later a biopsy of the outer wall of the nasal vestibule was also of no assistance. Professor J. T. Ingram of the Dermatology Department was asked to see her and, among other rare conditions, mentioned the possibility of rhinoscleroma but felt that the two negative histological reports ruled out this possibility. Eventually, in *1957*, she was referred for the opinion of Mr. Mortimer Shaw of the Plastic Surgical Unit, for the nose was by now useless and even larger. As she had had long courses of various combinations of antibiotics, he recommended a partial rhinectomy, hoping that a limited excision would be sufficient to clarify the diagnosis, and relieve the patient's symptoms. At operation, however, he found that the whole nasal lining was involved in the curious fibrotic non-ulcerated thickening and so he removed all nasal structures back to the choanal orifices; the nasopharynx looked normal. Dr. William Goldie then reported that almost all parts of the specimens he received, including the tip of the nose, showed typical rhino-scleroma histologically. It is of interest that, in the light of this report, a review of the original biopsy material 4 years previously, taken from the anterior end of the inferior turbinal, and

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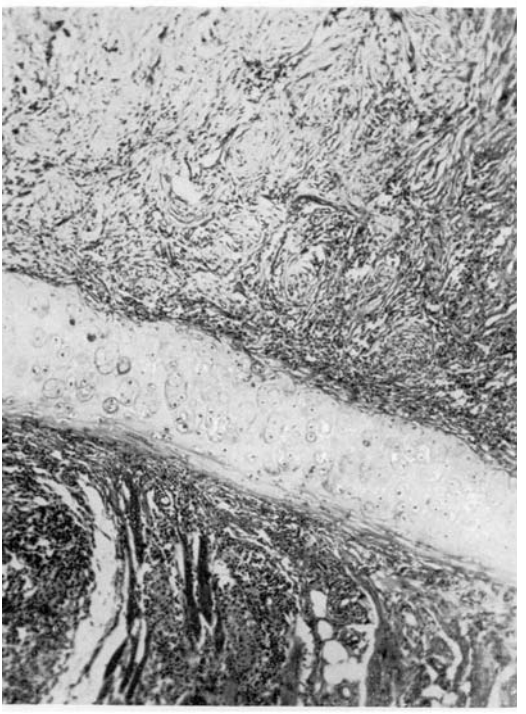


FIG. 3.
Details deep to field shown in Fig. 1. Dense granulomatous tissue on both sides of cartilage plate. Some erosion of cartilage plate. H. and E. ×72.

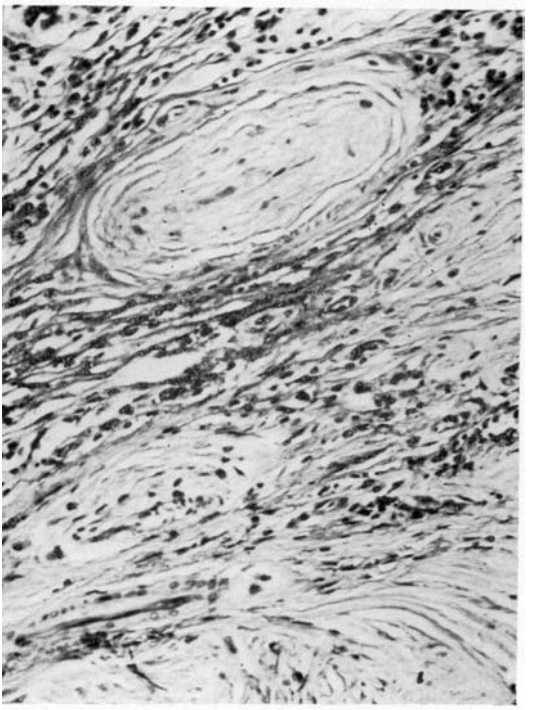


FIG. 4.
High power detail from Fig. 3. to show concentrically whorled collagenous tissue, the residuum of the more active follicles seen in Fig. 2. Hæmatoxylin and Eosin. ×220.

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from the skin and cartilage of the nasal vestibule, failed to show rhino-scleromatous changes. The patient was supplied with a nasal prosthesis, after the total rhinectomy.

Eventually, at intervals during *1960-1962* various stages of a plastic reconstruction were performed by Mortimer Shaw. She now has a distorted but presentable nose and can breathe through it but, not surprisingly, is troubled by crusting. She seems, however, to be free of disease and, at the age of 72, nine years after she first presented herself, and 5 years after the diagnosis was made, is well and active and there is no spread of the disease to the nasopharynx, larynx or trachea.

The apparent success of the total surgical excision supports the conclusion reached by Shaw and Martin that radical surgery at present provides the best chance of cure of this disease. Reports of it are rare in this country. The literature on the disease from countries where it is endemic and where social condi-



FIG. 5.
Nose when first seen and before diagnosis was made.

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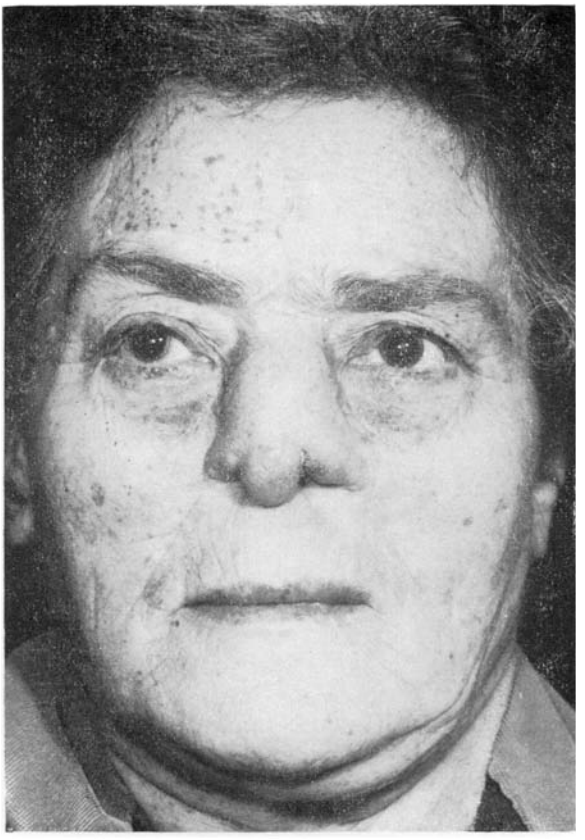


FIG. 6.
Nose after plastic reconstruction.

tions are slow in improving, suggests that as social circumstances improve, the disease is becoming less common.

With increasing immigration to this country, however, one wonders if the condition will become less rare here. It may be significant that this patient's parents lived in Southern Russia. Her father died of "asthma" at the age of 70; he had it for 10 years and the patient describes it as "increasing difficulty in breathing over 10 years". One wonders if he had, in fact, pharyngeal, laryngeal or tracheal scleroma.

Native born cases of scleroma appear to be very rare.

The condition is very fully described and discussed by Shaw and Martin; the lessons to be learned from this particular case are:

(1) It was possibly seen months or years after the atrophic or granulomatous phase.

(2) Histological specimens can be misleading as in malignant conditions. In this case, histology of the tip of the nose showed the positive diagnosis

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4 years after the vestibule region and inferior turbinals showed only mild non-specific inflammatory change.

(3) Nasal smears should have been examined for K. rhinoscleromatosis.

(4) The complement fixation reaction might have been helpful.

(5) A 5-year cure seems to have been achieved by radical surgery. Shaw and Martin suggest that this is the most promising therapy when possible.

REFERENCE

SHAW, H. J., and MARTIN, H. (1961) *J. Laryng.*, **75**, 1011.

General Infirmary at Leeds,
Leeds 1.

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