CLINICAL RECORDS

NOTES ON THREE INTERESTING CASES.

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NEW growths in the region of the nose and mouth, the nature of which is apparent and diagnosis comparatively simple, are sufficiently common in Egypt. There are, however, a considerable number of cases where diagnosis is not unattended with difficulty. The difficulty is enhanced by the long duration of the lesions, due partly to the patient failing to recognise sufficiently early what relief surgical treatment is capable of giving and partly to fatalism.

The following three cases are of interest as their clinical diagnosis was not straightforward, and their occurrence rare.

CASE I.—A woman, aged 30, was admitted to hospital with a growth protruding from her mouth and reaching down beyond her chin (Fig. 1). She stated that it had been growing for some years. Neither tenderness nor pain was complained of and it caused her no great inconvenience. Before sleeping or eating the patient was in the habit of swallowing the growth. Soft and fleshy in consistence, it took origin from the left side of the base of the uvula and extended outwards along the edge of the soft palate to the upper part of the anterior pillar of the fauces. From this attachment the body of the growth projected out of the mouth. It was flattened and approximating in breadth two and a half fingers tapering to the free extremity; its total length was about 12 cm.

The growth was removed without difficulty there being no great vascularity of the attachment. The patient made an uninterrupted recovery and left hospital five days later.

Naked eye examination of the specimen, demonstrated a fleshy mass showing on incision numerous cystic spaces both superficial and deep, containing a viscid mucoid substance. Microscopical examination failed to show any evidence of tumour formation. The surface was lined by mucous membrane thrown into numerous folds, the core being composed of a comparatively loose connective tissue. Underneath the mucous membrane were numerous mucous glands, and through the mass there occurred cystic spaces filled with mucoid material

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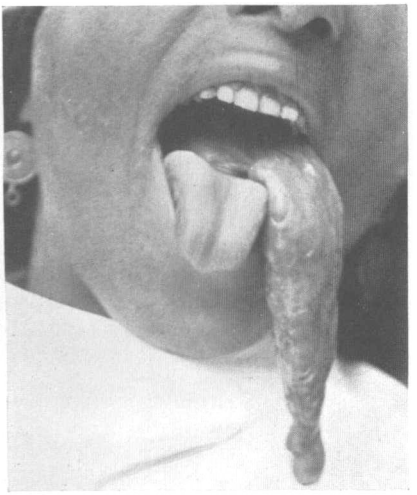


FIG. 1.—Case I. Growth attached to soft palate.

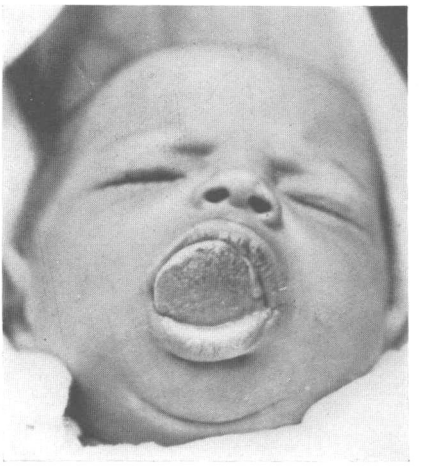


FIG. 2.—Case II. Inflammatory swelling over the hard palate.



FIG. 3.—Case III. Squamous-celled carcinoma of tip of nose and small nodule on cheek.

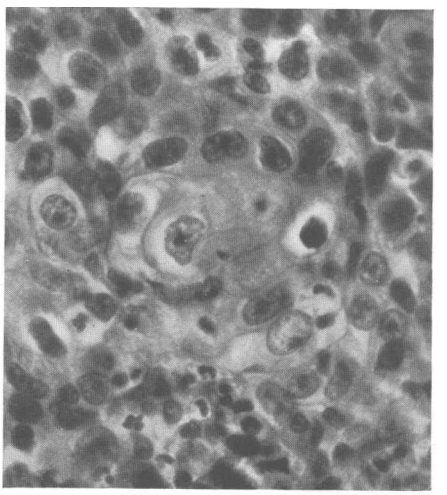


FIG. 4.—Case III. Early stage of cell-nest formation from nodule on the cheek.

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and lined with low and in places pressure-flattened epithelium. The cystic spaces resulted from dilatation of the ducts of the mucous glands. They added considerably to the main bulk of the specimen.

CASE II.—A boy, aged 2 months, was admitted to hospital suffering from a growth in the roof of the mouth which prevented sucking (Fig. 2). On examination a mass of growth was found which nearly filled the mouth. It arose from the region of the hard palate on the right side extending from the middle of the right alveolar margin to the mid line of the palate, reaching forward to the anterior alveolar border and backwards to the junction of the hard and soft palate. The growth was soft, its surface white and ulcerated ; possibly the ulceration was assisted by the friction of the tongue and the effort of sucking.

The growth was removed, and the wound healed without complications.

Microscopic examination showed it to be of inflammatory origin and not of a neoplastic nature; not only was there considerable surface ulceration and infection, but the bulk of the mass consisted of granulation tissue. Careful search was made for the presence of mycelium or spores but without result.

CASE III.—A girl, aged 6, was admitted to hospital with a fungating tumour about the size of a walnut occupying the tip and both sides of the nose. No enlarged glands could be felt but a subcutaneous nodule the size of a small bean was present in the right cheek about 2 cm. from the main growth (Fig. 3).

There was a history of four months' growth, the initial lesion being a small papule, which increased in size without pain or bleeding. Efforts at removing it by cauterisation had been carried out in the patient's village, but the tumour had recurred.

The child's mother, who is herself healthy, stated that the father was a deaf-mute and that his brother died at the age of nineteen from a growth affecting the left side of the face; his sister had died from a growth of the scalp. Furthermore, the mother stated that the patient's elder sister had died of a growth also affecting the face; it was of three months' duration accompanied by pain and bleeding. The patient's brother and two other sisters are alive and healthy.

Both growths were removed including a considerable portion of the adjacent skin. The nasal growth was found to have involved the cartilaginous portion of the nose. On account of wide removal the skin edges could not be brought together, but the wound granulated satisfactorily.

On examination of the tumour the central part was found to contain in a loop of skin a brass nose-ring; the growth had

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heaped itself up all round the ring so as to hide it completely, and was only found on incision.

Microscopical examination showed the growth to be of the papillomatous type with surface ulceration and, in addition, a definite condition of squamous celled carcinoma was present.

The small mass removed from the cheek also showed the characteristics of a squamous-celled carcinoma (Fig. 4).

The case is of interest on two grounds: (1) The youth of the patient; (2) the family history. It must be remembered, however, that the latter rests entirely on the statements of the patient's mother, unsupported by either clinical or pathological details. Nevertheless it would seem justifiable to surmise that the irritation produced by the nose-ring, combined with bacterial infection, and the "natural" predisposition of the family to "growths," are at least in this instance directly connected with the causation of carcinoma.

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SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

May 2, 1925.

President.—J. KERR LOVE, M.D.

The Mastoid Emissary Vein and its Surgical Importance.—ARTHUR H. CHEATLE, F.R.C.S.

The paper is published *in extenso* in the *Journal of Laryngology and Otology*, vol. xl., No. 10, p. 633, 1925.

DISCUSSION.

Dr DAN M'KENZIE said that unless one practised the dissection of temporal bones for oneself, he did not think it was possible to obtain the essential intimate knowledge of the anatomy of this region. The temporal bone was one of the most variable of all human structures.

On one occasion, he (the speaker), when a junior, had had to operate in the country for mastoid suppuration. He made the usual incision and found a cellular mastoid process; he made a horizontal incision further back, and in doing so, he cut into an enormous vessel which yielded a great spurt of blood. He placed his finger on it to stop it. He could not tie it, he had no antiseptic wax with him, and he thought it might be

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