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# REPORT OF A CASE OF MYXOFIBROMA OF THE NASOPHARYNX.

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The report of this case is interesting from the fact that benign growths of this character in the nasopharynx in children are not very common.

Maggie C., an undeveloped and anemic girl, 12 years of age, came under my observation during March of this year, complaining of occlusion of both sides of the nose, headache, noisy respiration, and at times difficulty in swallowing.

Examination of the nose showed the left side quite free, but no air could be drawn through it into the nasopharynx. The right side was so filled with thick mucous secretion that no satisfactory view of the interior could be obtained. After clearing the nose of mucus I could not get any view of the growth. Examination of the mouth showed a large pinkish growth hanging in and filling the nasopharynx almost completely. The growth extended into the pharynx about one-sixteenth of an inch below the free margin of the soft palate. Owing to the great timidity of the child, it was impossible to remove the growth without the aid of a general anesthetic, so she was placed under ether anesthesia and a wire snare was passed well up into the nasopharynx, the growth seized, and after firm traction withdrawn. The hemorrhage following was quite severe for a few moments, but gradually subsided after firm compression by means of a gauze compress passed well up into the nasopharynx. The growth after removal was found to be pinkish in color, quite firm to the touch, and measured three inches in length. Several days after its removal, on posterior rhinoscopic examination, an excellent view of the nasopharynx was obtained, and there were two points which showed an ecchymotic state, either of which might have

been the seat of attachment; one in the roof of the nasopharynx, which contained some adenoid tissue, and the other in the right posterior nares, just above the posterior extremity of the middle turbinal. The latter was probably the point of attachment.

The following is a report of the microscopic examination made by Dr. J. B. Nichols: The tumor is covered with stratified columnar epithelium, and is made up of myxofibromatous and soft fibromatous tissue, containing massive extravasations of blood and fibrin, small blood vessels are plentiful, gland structures nearly absent. Scattered through the substance of the tumor, in places, in more or less dense collections, are an abundance of polymorphonuclear leucocytes, plasma cells, and pigmented phagocytes.

It is impossible to estimate the frequency with which these neoplasms occur, owing to the fact that many cases are not reported, but judging from the number of reported cases, they cannot be considered to be very common.

Myxofibromas may be considered of nasal origin and generally spring from the upper part of the posterior nares, where the nasal mucous membrane is continuous with that lining the nasopharynx. The former may, therefore, be said to partake of the characteristics of both nasal and nasopharyngeal growths, which may be explained by the fact that they spring from the junction of the two cavities, the lining membrane of the two cavities being quite distinct histologically.