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## ORIGINAL COMMUNICATIONS.

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### PRIMARY EPITHELIOMA OF THE ANTRUM OF HIGHMORE.\*

BY H. HOLBROOK CURTIS, M.D., NEW YORK, N. Y.

A case of so rare occurrence presented itself in my private practice on May last that I present it to the section as of especial interest. A lady of fifty years had complained for two weeks of neuralgic pains of a severe type, involving the distribution of the fifth and seventh nerves on the left side of the face. There was found pronounced pain on pressure over the antrum, but no evidence of pus in the ostium maxillare. Transillumination showed a marked umbra of the orbit and an opaque shadow in the vicinity of the antrum of that side.

There being no teeth in the upper jaw behind the first molar, I trephined through that socket and obtained a free bloody discharge intermixed with brown caseous material. Syringing caused the exit of but little fluid from the nose. The nasal cavity at that time was apparently healthy and the turbinates appeared normal. The pain was relieved for a few days by constant syringing, but the following week it increased in severity, and it became impossible to introduce the canula of the syringe. Within ten days the nose became occluded on the left side and the region of the jaw became peculiarly sensitive, swollen and discolored. On the fifteenth day after the exploratory operation the cheek became swollen and edematous, and the region of the third molar alveolus became soft and broke down. Thus far the orbit had not become invaded. I removed the patient

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to a private hospital, and placing her under ether made a large opening involving the three posterior alveoli and the canine fossa. In the presence of a free hemorrhage I evacuated with curettes and the sharp spoon the entire cavity of the antrum and explored thoroughly with my finger to ascertain the condition of the walls. The floor of the orbit was like tissue paper and the entire bony walls of the antrum seemed to be spongy and on the point of breaking down. I promptly packed with iodoform gauze and submitted the scrapings and por-



Second Week.

tions of the soft growth to Dr. Denton for microscopic examination. The pathological report stated that the mass was composed of a network of new vessels holding within the meshes closely packed epithelial cells. There were evidences enough in the specimens taken to show that we had to deal with a most malignant type of epithelial cancer, though the slides were not as satisfactory as could be wished on account of having only detritus and broken-down portions of the growth to examine microscopically. The condition of the patient did not warrant an immediate resection of the superior maxilla even had it been advised by the consulting surgeons. The cavity was syringed with peroxide of hydrogen to counteract the

characteristic odor, which was particularly offensive, and packed daily with iodoform gauze.

From the date of removal of the growth the invasion of the surrounding structures was rapid in the extreme. The mouth was first invaded to the median line of the arch, the orbit rapidly following in order of attack, the eye closing and the lids becoming edematous. The tumor caused the face on that side to become as large as an apple with the skin drawn tightly over the invading tumor. The patient at the end of the second week complained of difficulty in swallowing and the glands of the neck were becoming involved. The nose had lost its outline by the fourth week, the tumor pushing the nasal bones to the right and invading the cavities of both sides. The pain at this time had become so severe that sometimes five grains of morphia sulph. were administered during a single night. Death fortunately relieved the terrible sufferings at the end of the sixth week after the evulsion of the contents of the maxillary antrum.

The points of interest seem to be:

*First*—The primary invasion of the antrum by the cancer.

*Second*—That the growth proved to be an epithelioma.

*Third*—That after operative procedure the growth extended with such startling rapidity.

The statistics of cancer of the nasal cavities are given by Dr. W. Kunmel in "Heymann's Handbuch der Laryng. und Rhinologie," as follows: "M. Schmidt found 9 cases in 42,635, or 0.021 per cent, while in the Universitäts Poliklinik, Berlin, but 2 occurred in 27,600 cases."

Carcinoma is of rarer occurrence than sarcoma; in the above statistics it occurred in 0.026 per cent to 0.036 per cent of all cases.

The point of origin was given as most frequently the anterior portion of septum. Then follows the origin from the lower turbinates. He says, however, that many of the latter actually arise from the antrum, whose walls are perhaps more frequently than the nose the seat of cancer.

Coakley, in his book published in 1899, does not mention carcinoma or epithelioma of the antrum. He refers only to sarcoma and osteo-sarcoma as the two most frequent forms of malignant growths invading this cavity.

Lennox Browne, fifth edition, 1899, says: "Primary nasal cancer is rare, and is mainly epithelial." He goes on to state that his previous conviction, that benign tumors of nasal origin may become malignant, has been fortified by his own and the experience of others.

Kyle, "Diseases of the Nose and Throat," 1899, says: "Sarcoma and carcinoma of the antrum may be either primary or secondary."

No mention of carcinoma of the antrum is made in Bosworth's work.

Tissier, "Tumeurs de Nez et des Sinus," *Ann. de Mal. de l'Oreille et du Larynx*, J. xxiv, 1898, goes into a description of the tumors of the antrum. He classifies them as (a) mucous cysts, (b) dental cysts, (c) benign tumors, (d) malignant tumors.

Heyman found on examining 250 skulls that there existed in 14 a single mucous polyp in the antrum. They are almost never recognized during life.

In reviewing the literature of the subject it is interesting to note that several observers have reported the transformation of mucous polypi to carcinoma, which is in accord with the theory so warmly advanced by Browne a few years ago.

Duret, *Journal d. Soc. Med. de Lille*, 1887, says that six months ago he excised some polyps from sup. turbinate region in a man of seventy-five years. There was very profuse hemorrhage. Two months afterwards a phlegmonous inflammation appeared about inferior border of the orbit. Pus was found by incision. A month later the border of orbit became swollen and projected to the size of a lady apple. The anterior part of the sup. maxillary bone was removed and it was found that the tumor, which proved to be an epithelioma, had invaded the antrum. It had broken through the orbital plate and was attached to the anterior part of the cribriform. The remarkable fact observed was that the walls of the antrum had not become deformed.

J. B. Hamilton, *Journal Am. Med. Assn.*, 1886, reports a case of carcinoma of antrum complicated with nasal polypi.

E. Fink, *Arch. f. Laryngol.*, 1894, p. 198, says: Billroth in his work, "Ueber den Bau der Schleimpolypen," denied the possibility of the transformation of a benign to a malignant growth. The theory is, however, upheld by Michel, "Die Krankheiten der Nase," 1876; also by Sajous, Massei, Delstanche et Marique, *Ann. des Mal. de l'Oreille*, 1884, 3.

Schmiegelow, *Rev. de Laryng.*, 1885, cites two cases of transformation of polypi into carcinoma. \* \* \*

Bayer, *Deut. Med. Woch.*, 1887, exhibited a mucous polyp which had been removed from the roof of nose, the lower half of which had become a villous cancer. These cases must be rare, for of 11,131 carcinoma examined but 4 were from the nose or sinuses.

Fink reports a case, aged thirty-three, male, who for twenty years

had submitted to repeated operations for removal of polypi in left nostril. Esmarch, in Kiel, had first diagnosed polypi of antrum and advised a free operation. This was finally done and a medullary carcinoma was found which later invaded the cervical vertibræ.

Morgani, in 1779, recognized the presence of polypi in the antrum. Zuckerkandl says they are found in 2 per cent of all cases, while Heymann puts the ratio even to 6 per cent.

The only case I find recorded of an epithelioma primarily arising in the antrum is that of A. Caselli of Genoa, (*La Riforma Medica*, 1886, p. 113), who describes a case very similar to that which has been made the subject of this paper.

Since reporting the above case at the May meeting of the Society in Philadelphia, I hear of a case of primary epithelioma of the antrum that has been reported by Dr. Wendell Phillips of New York.

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## REPORT OF A CASE OF SPONTANEOUS CURE OF A SEVERE MASTOIDITIS.

BY H. S. MCGAVREN, M.D., SACRAMENTO, CAL.

A girl, ten years of age, was brought to my office by her parents, for treatment of an acute suppuration of the middle ear, right side.

The ear differed in no particular from the ordinary case of this trouble, but, on examining the left ear, I found a marked depression of the mastoid eminence, very similar in appearance to that following an ordinary operation for mastoiditis, except that it was cup shaped, nearly round, and appeared to be very deep. There was no tenderness.

The history elicited was clearly the history of a severe case of mastoiditis, which ran a course of several weeks, and which closed after the exfoliation of a bony mass, which the child's mother said was about the size of her thumb nail. No physician was consulted during the course of the trouble, and the only treatment was simple cleansing with some household remedy.

The trouble occurred some two years before my examination, and the cure appears to be complete. The hearing, as I remember the case, was very good; but expecting to see more of the child, my notes were not as fully and carefully taken as they might have been.

I have lost all track of the case.