XV.

COMPLETE CONGENITAL OCCLUSION OF THE RIGHT POSTERIOR NARIS.

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In a practice extending over twenty-five years I have met with but a single case of this nature, while Moritz Schmidt¹ states in his own practice he has never met with a case and had but one opportunity of seeing one, and that in the practice of a former assistant. During the past summer, while visiting the clinic of Prof. Killian, in Freiburg, his first assistant, Dr. von Eicken, told me of a case in their practice, occurring in a child less than three years of age, where both choanæ were wholly occluded, but thus far the parents had not consented to having an operation performed for its correction. In all, however, some fifty cases have been placed on record, but new cases are sufficiently interesting to be deserving of publication.

My patient, T. M., aged twenty-two years, and a resident of Oakland City, Ind., was sent to me January 29th, 1906, by Dr. Thomas M. Brown, because of a discharge of pus from the right nostril, with inability to breathe through this side of the nose. About three years ago he states he had the right upper first molar tooth extracted because of ulceration, and distinctly recalls that the discharge of pus from the right nostril has existed ever since. He has no recollection of ever having breathed through the right side of his nose. No other member of his family so far as he is aware has been similarly afflicted. The hearing is perfect in both ears and the general health has always been good. Syphilis is denied.

Anterior rhinoscopic examination showed a vertical ridge partially obstructing in front the lumen of the right nasal passage, with the presence of a yellowish-white purulent discharge, which we established as originating in the right maxillary antrum. A probe passed into the depths of the right nasal passage, was arrested at the posterior naris by a hard,

1. Die Krankheiten der oberen Luftwegen, 1894.

osseous feeling partition through which we were unable to find an opening. Closure of the left nostril necessitated breathing through the mouth. Posterior rhinoscopic examination disclosed a solid whitish partition, with a small central depression extending from the right palate bone across the nostril and uniting so intimately with the posterior portion of the bony septum that the line of articulation could not be detected. The retropharynx, Eustachian orifices and vault of the palate presented nothing abnormal. Fluids injected into the left nostril entered the retropharynx, while a similar injection into the right nostril was again returned without a drop entering the throat.

March 17th, 1906, under chloroform anesthesia, the following operative interference was undertaken at St. Mary's Hospital. The mouth was held open with a gag and then the index finger of the left hand inserted into the retropharynx to serve as a shield. A trochar was next passed into the right nostril and an effort made to perforate the obstruction near its center. Finding the resistance, however, at this point very great, search was made for a more yielding spot, and it was found above at the inner side near the base of the vomer. The opening made by the trochar was enlarged downward and outward with saw and chisel until a good sized rubber tube could easily be inserted. The hemorrhage was slight and the after-treatment consisted in the daily removal of the tube and cleansing of the nostril with a mild alkaline irrigant. Patient made an uninterrupted recovery and returned home wearing a piece of a number seventeen catheter, American scale, which at the expiration of six weeks he was to discard.

February 5th, 1907, he wrote me that he has long since left the tube out and is now able to breathe freely through both nostrils. The discharge of pus, however, from the right maxillary antrum still continues and he intends returning soon to have this corrected. According to Schroetter² the bony obstruction springs from the vertical plate of the palate bone, and so far as I was able to determine by posterior rhinoscopic examination and palpation in my patient, I am inclined to corroborate this statement. Hopman³, however, thinks

2. L. Schroetter. Angeborenen knoechernen Verschluss der Choanen. *Monatsschrift f. Ohrenheilkunde*, etc., No. 4, 1885.

3. Hopmann. Ueber congenitale Verengungen und Verschluss der Choanen. *Archives f. klin. chir.*, xxxvii, 2.

that originally there exists a high degree of stenosis of the choanal borders and this with deviation of the vomer and approximation of the internal pterygoid process of the sphenoid eventuates in total occlusion of the nares.