CASE OF SINUS PHLEBITIS WITH NORMAL MIDDLE-EAR AT TIME OF OPERATION.*

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The patient, a school boy 6½ years of age, was admitted to Mt. Sinai Hospital on May 25 with a history of discharging ears and fever of three weeks' duration, and chills of two days' duration. The child's antecedents and past history had no bearing on the present illness.

Three weeks ago he became sick with a bilateral otitis media, and both ears were incised. Since then both ears have been discharging moderately and the child has been running a low but continuous fever. Within a few days prior to admission, however, the temperature became septic in type and the child had two distinct chills and sweats. A blood culture done outside the hospital was reported sterile. On admission to the hospital, the child appeared acutely ill, but on physical examination the only positive findings were in the ears. The right ear showed a mucoid discharge, moderate in amount, coming from a perforation in the posterior inferior quadrant. In the left ear the discharge was more abundant, and here also was a perforation in the posterior inferior quadrant. no mastoid tenderness was elicited on either side. The nose, throat, and sinuses were negative. The urine had a specific gravity of 1.015, was acid in reaction, and showed only a faint trace of albumen. Culture from the urine was negative. The blood picture showed a hemaglobin of 82 per cent, with a red blood count of 4,920,000; white cells, 39,400, with a polymorphonuclear count of 91 per cent and a lymphocyte count of 9 per cent. The von Pirquet test was negative. A general sepsis with some unknown focus—possibly in the ears—was suspected; but blood cultures performed on June 26, 27, and 31 were all negative. On the twenty-ninth the child began to complain of frontal headache, and a lumbar puncture was performed. The fluid was found to be clear under a moderate amount of pressure, and contained no cells. The fundi were normal. X-ray examination of the sinuses, chest, femora, and mastoids was absolutely negative.

*Read at the Section on Otolaryngology, New York Academy of Medicine, Nov. 11, 1921.

The child continued to run a septic temperature and in the firm conviction that it had a general sepsis, blood cultures were persisted in; six in all were made. During this time the discharge ceased from both ears; the drums healed; the landmarks (including light reflexes) became manifest, and hearing was normal.

On June 2, firm tender glands, palpable on the left side of the neck at the angle of the jaw, were discovered. On June 5 a blood culture was reported positive, with streptococcus hemolyticus in the flasks only. Operation was decided upon. In the meantime, the blood count had dropped to 15,000 white cells, of which only 75 per cent were polymorphonuclears.

Operation was performed on the left mastoid on June 5. The periosteum was found to strip from the mastoid as if the mastoid were normal. The cortex was found to be sclerosed; the antrum was empty, and the sinus plate was normal. A culture from the antrum showed streptococcus hemolyticus.

In cleaning the sinus plate, the sinus was exposed and looked yellow. It was then uncovered from behind the knee to the horizontal limb, and was found to be filled with fluid pus. When the plug was removed from the torcular end of the sinus, pus exuded. The dissection was continued back to the torcular, and the torcular end was curetted without encountering free bleeding. The horizontal limb also was curetted, and no bleeding occurred. The bulb was not explored because of the child's condition. The jugular vein was ligated in the neck at about the level of the omohyoid. The child continued to run a septic temperature until four weeks after operation. Blood cultures taken on June 8, 10, 12, 13, 23, and 27 all showed a growth of streptococcus hemolyticus. On June 8, 10, 12, and 17 the child was given transfusion of about 200 cc. Toward the latter part of June the temperature, which had risen as high as 105.6° and had been septic in type, began slowly to drop. The blood count in June 28 showed only 9,400 leucocytes, of which only 74 per cent were polymorphonuclears. On July 6 the blood culture became sterile, and the temperature remained flat from that time until the patient's discharge on July 18.

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