AN ARGUMENT IN FAVOR OF PRELIGATION OF
THE JUGULAR IN SINUS THROMBOSIS.

BY T. H. ODENEAL, M. D

John ———, age 40, laborer, referred to me by a general physician, with swelling and tenderness over the zygomatic area of the right mastoid. Discharging ear for six weeks, during which time he had continued to work. Temperature slightly elevated, felt well with exception of slight pain in swollen area and headaches. No bulging of canal wall or undue sensitiveness on pressure of the mastoid proper (in my opinion, the character of the swelling often indicates sinus thrombosis, swelling high up without being extension from lower down being very suggestive).

On operation the sinus was found thrombosed, with the anterior wall necrosed and partly absent.

It is customary for me to ligate the jugular in thrombotic cases before removing the clot, but as the membranous wall of the sinus was partly absent in this case I removed some of the clot before deciding to ligate the jugular and then, having made my decision to ligate, packed the mastoid wound lightly and prepared for the ligation. The incision made, I began separating down to the vein, when the anesthetist informed me the patient had ceased to breathe. About three minutes before, the nurse had taken the pulse and found it normal. Artificial respiration and stimulants failed to revive the patient.

Death no doubt was due to an infarct originating from the sinus thrombus and lodging in a cerebral vessel, causing paralysis of the respiratory center. Had I ligated the jugular in this case before disturbing the clot I have no doubt the patient would be alive today.

I was very much interested in the discussion of the New York Otological Society of March 25, 1919, relative to the merits of ligation of the jugular in sinus thrombosis, and the variety of opinions on the subject stimulated me to report this case, as we have here an actual and not a hypothetical

cause for preligation of the jugular in sinus thrombosis.

Whereas formerly the majority of ear surgeons believed in jugular ligation, I believe today they are in the minority, but this case has strengthened me in my former adherence to ligation in all thrombus cases.

In cases of seemingly localized phlebitis, where the sinus is covered with granulations and there is good pulsation, I never open the sinus, and have always had good success with such cases (ligation, of course, is also not done). This case is presented merely as a record, and I hope it will be of assistance as such.