CYSTIC POLYP.*

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This interesting specimen of nasal polyp was removed a few days ago from a patient who first came under my care 8 years ago with the following history: Mrs. Y., age 38, born in Austria. Contracted measles when 6 years of age. At 16 contracted a severe attack of variola and suffered from severe frontal headaches. Eight weeks later, while in the garden, it rained and she was wet to the skin. From this she contracted pneumonia which lasted seven weeks. On recovery, the pain increased over the eye and there was a profuse, fetid, bilateral nasal discharge. When 18 years of age, she came to America, and married at 24. Her husband insisted upon her consulting a specialist for the severe headaches and nasal discharge, and she was operated upon for bi-lateral nasal polypi, and discharged cured. Five years later she consulted me, and on examination, polypi were found springing from both middle turbinates and ethmoidal cells, and profuse fetid discharge from the left side, due to chronic empyema of the frontal, ethmoidal and antrum cavities. After a radical removal of the polypi from the right nasal cavity, the pain disappeared from that side and there was no recurrence of the polypi. The polypi from the left side were then removed and the ethmoidal cells were thoroughly curetted. The fronto-nasal duct was also curetted and the frontal cavity treated through the nose; the antrum was drilled and treated through the inferior meatus. The patient made an uninterrupted recovery and was free from all pain when discharged. This condition continued until two weeks ago, when she consulted me, complaining of left nasal obstruction. Examination revealed a very large polyp springing from the anterior end of the middle turbinate. This was removed with a snare, and presented such a peculiar yellowish appearance that a section was made, and a large cystic cavity found filled with a thick yellowish, odorless fluid. There was no necrosis of bone or nasal discharge, and after a few treatments the patient was discharged cured. Owing to the peculiar pathological condition of the polyp it was thought that the pathologist's report would prove of interest. The examination was made by Dr. F. M. Jeffries.

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Pathological Report. The nasal polyp with the peculiar cystic appearance has been examined, and I herewith submit my observations. The growth is composed of a highly vascularized fibro-mucous tissue which is somewhat cedematous and resembles the polypi common to the nose. The cavity you describe as having contained a fluid is nicely shown in the sections prepared for the microscope. So far as the sections show, the cavity was entirely closed, but there probably was an outlet at some point and the space had become distended by the aggregation of fluids. The outer surface of the growth

is covered largely by columnar epithelium, but at one area it is of the stratified squamous variety. The cavity is lined throughout by columnar ciliated epithelium. There is an acute inflammatory infiltration throughout the sub-epithelial structure of the inner cavity, which gradually diminishes as the outer surface is approached, so that there is little or no inflammation manifest on the outer surface.

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