

A CASE OF
NASO-PHARYNGEAL TUMOUR AFFECTING
THE BASE OF THE SKULL.

REMOVAL WITHOUT EXTERNAL INCISION; RECOVERY.

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THIS case has not been published for more than two years from the date of operation, in order that sufficient time should have elapsed to state with some degree of certainty the probability as regards its recurrence.

The case was that of a boy, fourteen years of age, who was sent to me at St. Thomas's Hospital in May, 1886, by Dr. Taylor of Mendlesham, Suffolk. For eighteen months he had been suffering from increasing difficulty in breathing and swallowing. He had latterly lost a good deal of flesh, and had become pale and thin for his size. He stood with his mouth widely open, the nose being completely obstructed, but there was no obvious distension of the nasal cavity. On examining the pharynx, the palate could be seen pushed forwards by a round globular mass, which projected down some distance below the level of the uvula. Digital exploration proved that it fitted the naso-pharyngeal space so tightly as to make it impossible to state with certainty its exact point of attachment. The finger could be forced only a short distance between the growth and the walls of the cavity in which it grew. It, however, appeared probable that it sprang from the base of the skull, as the palate was not infiltrated, and the lower extremity was distinctly round and projecting, as though pedunculated. The tumour felt soft and smooth, but its examination caused no bleeding; and there were no enlarged glands to be felt in any part of the neck. His sleep was so disturbed at night that during the day the instant he sat down he fell asleep. After a few days' rest and observation an operation for its removal was undertaken. Mr. Tyrrell, who gave chloroform, found considerable difficulty in keeping a passage for the air between the base of the tongue and the tumour, but it was determined to manage, if possible, without a preliminary tracheotomy. A strong loop of wire, attached to a Wilde's snare, was passed through the left nostril and pushed down between the tumour and the soft palate. It was then caught with the finger and dragged forward into the mouth. The loop, having been opened, was guided gently over the tumour to the posterior wall of the pharynx, and by a combination of pushing and pulling it was gradually drawn towards the base of the skull. After tightening the wire in the snare, and exercising some considerable traction, the wire broke. A larger snare, with a still stronger wire, was then employed and introduced in the same manner. The tumour was thus torn off from the base of the skull, and an assistant, having seized the growth with a pair of vulsellum forceps, brought it into the mouth as the base was divided. A bare patch of bone could then be felt, of about the size of a shilling, at the junction of the posterior wall and the roof of the pharynx. This was attacked with a sharp spoon, and as the bone crumbled away the finger very quickly entered a hole in the basilar process of the occipital bone.

On June 10th some suspicion of a return of the growth was entertained after an examination of the pharynx with the finger; this was confirmed on June 30th, and a further operation was decided upon. In the meantime a microscopic examination had been made by Mr. Shattock, who reported that the growth was composed of wavy fibrous tissue, with a few scattered cells; in fact, that it was probably a soft fibroma. This favourable view of the case determined me to try once more to eradicate the growth without dividing the soft palate or interfering with any of the bones of the face.

On July 10th, whilst the boy was under the influence of chloroform, sharp spoons of various curves and sizes were introduced through the nose, and the left index finger was placed in the naso-pharyngeal space behind the soft palate. The cavity in the basilar process of the occipital bone was then easily reopened and enlarged. Distinct masses of soft new growth were scooped away, and more of the bone covering this cavity removed, until, finally, it was quite clear that the sphenoidal sinuses had been reached. The vomer and rostrum were then broken away with a pair of Löwenberg's

forceps and the whole cavity freely exposed. The same kind of soft growth which occupied the basilar part of the occipital was then easily felt and removed with the sharp spoon. The impression conveyed to my mind at the time was that the cavity into which a way had been forcibly made at the first operation was really an extension of the larger one finally exposed—namely, the sphenoidal sinuses. A great deal of blood was lost during the operation, but it quickly ceased with sponge pressure.

The boy was collapsed and ill for some days, and then quickly rallied. He was examined three weeks afterwards, when the cavity in the base of the skull was felt quite distinctly, and thought to be free from any growth. On Aug. 4th his parents removed him from the hospital, as he was quite well, refusing to allow us to keep him a few weeks longer for observation. Dr. Fryer, under whose care he passed after the death of Dr. Taylor, wrote in answer to my inquiry on May 28th, 1888 (nearly two years after the last operation), as follows: "He is now quite well; there is no sign of any growth whatever in his throat or nasal passages; his breathing is quite normal." The microscopical examination of the portions removed at the second operation were, however, much more sarcomatous-looking. The sections were more cellular than those taken from the tumour first removed. The cells also were of variable size and shape—too much so to be looked upon as granulation tissue developed after the first operation. I had therefore reluctantly come to the conclusion that the naso-pharyngeal tumour was, as it were, the superficial expression of a more deeply seated sarcoma in the base of the skull; for the histories of most of these cases show that the so called "polypus" of the naso-pharyngeal space is often followed very rapidly by a malignant growth in the walls and spaces of the surrounding tissues, even when the primary tumour has all the appearance of being innocent. Mr. Stonham¹ records an equally successful result in a very similar case of naso-pharyngeal growth, in which he found it necessary to divide the nasal bones and attack the tumour from the front. But one gathers from his description that the growth was more malignant than the one here recorded; and the fact that the tumour returned six months after the first operation more than justified the radical method he adopted for its removal. The second operation, which was performed in the same manner, was completely successful, as there has been no return for more than three years. The two cases appear to have been equally extensive, but the difference in the consistence of the growth enabled me in my case to use the sharp spoon with such effect through the nose, guided by the finger in the pharynx, as to completely eradicate the tumour without any division of the nasal bones; whereas in Mr. Stonham's case, with all the advantages of a large anterior opening and a complete exposure of the naso-pharyngeal space, he found that "some portions of the growth were so tough that the spoon made no impression." It is therefore clear that nothing less severe than the measure he adopted would have had any chance of permanent success. The contrast between these two cases, so far as their treatment was concerned, may serve some useful purpose if it only shows that naso-pharyngeal tumours which appear at first sight so similar may require a totally different line of treatment for their successful removal. From the experience derived from this case, and three others in which the tumour was visibly pushing the soft palate forwards, I am inclined to think that the polypus might in all cases be first removed by the snare, either cold or heated by a galvanic battery, and the question of a more serious operation decided by the condition found on digital examination of the bones after the main bulk had been removed. The other two cases to which I allude have not been recorded, as they were simple tumours, although very large, and not associated with any deep-seated growth in the bones of the base of the skull. They required no further treatment than the use of the snare in the manner described in the earlier part of this paper.

Portland-place, W.

¹ THE LANCET, Jan. 7th, 1888.

PROPOSED EXTENSION OF FULHAM HOSPITAL.—We understand that the Local Government Board have refused to grant a provisional order to enable the managers of the Metropolitan Asylums Board compulsorily to purchase four acres of land for the purposes of an extension of their Western District Hospital at Fulham.