

A CYST OF THE PHARYNGEAL TONSIL.*

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In September, a child of seven years presenting the usual symptoms of adenoids and hypertrophied tonsils was brought to Dr. Wright's clinic at the Manhattan Eye, Ear and Throat Hospital. There was nothing of unusual or special interest in either the past or present history of the case.

On palpation a mass the size of a filbert was felt in the median line near the vomer; it seemed smoother and somewhat more resilient than the usual adenoid, but nothing out of the ordinary was anticipated. The mass was removed with the adenoid forceps, and was found to be practically one large cyst with moderately thin walls. (The illustration shows scarcely more than the opening in the cyst made by the instrument, as the walls collapsed easily, and it was difficult to show the cavity in this way.) The contents escaped, and were so mingled with the blood and secretion from the pharynx that their character could not be determined.

Dr. Wright, who made a microscopical examination of the specimen, reports that the walls of the cyst are lined with epithelium, which is so infiltrated with round cells, and in places so absorbed by pressure, that it is difficult to recognize as such. Beneath this epithelial lining are regularly arranged lymph nodes. The lymphoid tissue itself presents no deviation from usual appearances.

Cysts in the naso-pharynx are formed in three ways: *First*, by *Inclusion*, that is by the agglutination of two folds of the mucous-membrane during inflammation. If this agglutination is incomplete a sinus is formed, if complete a cyst results. A cyst of this origin is said to be fairly common in this locality. It was first described by Mayer in 1842, he considered it a normal structure and called it the *Pharyngeal Bursa*. Luschka and Tornwaldt were among those who accepted his views, and they attributed certain cases of persistent naso-pharyngeal catarrh to inflammation of this bursa, and to the existence of sinuses formed in the above-mentioned manner. Subsequent observers have shown that the pharyngeal bursa, so called, is not a normal structure, but that it is undoubtedly of inflammatory origin.

* Case reported at the November meeting of the Laryngological Section of the New York Academy of Medicine.

Secondly, cysts may be formed by a dilatation of racemose glands. These, however, are uncommon, as glands of this character are seldom found in this locality.

Thirdly, cysts in the pharyngeal tonsil itself. These are rarest of all. I have been able to find records of only three in the American literature. One was reported by Dr. Lamphear, and two by Dr. Jonathan Wright. Formerly, it was supposed that these cysts resulted from a dilatation of the lymph spaces in the tonsil, but from



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a study of his last case in which he was able to observe the nature of the contents of the cyst, Dr. Wright concluded that these cysts are the result of fatty degeneration, and that it is a rare manifestation of the retrogressive changes which this tissue normally undergoes. This we believe to be the explanation of my case.

Cysts of this character have really no pathological significance, they merely illustrate one of nature's methods of disposing of superfluous lymphoid tissue.

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