

PAPILLOMA OF THE NASO-PHARYNX SIMULATING EPITHELIOMA.¹

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Mrs. R——, aged sixty, presented herself at my clinic in the New York Post-Graduate Hospital, January, 1904, with the history that for four months she had had occasional prickings in her throat and some difficulty in breathing through the nose. The patient was a well-nourished woman of good colour, showing no adenopathy, and stated she had a fair appetite and had not lost weight. Posterior rhinoscopy together with digital examination showed a tumour partially obstructing the pharynx and attached to its posterior and upper wall. It had a cauliflower appearance, was not pedunculated, was not painful to touch, and was only slightly vascular. The growth was removed under ether by means of the forceps and curette. A clinical diagnosis of a malignant growth—probably a carcinoma—was made. Dr. Jonathan Wright, who kindly examined the growth, made the following report :

"At first sight, with low power, under the microscope this growth has the appearance of a papilloma. The epithelial hyperplasia is squamous-celled, and so completely is the type of cell changed from the normal that there are 'stickle-cells' in places. As a rule, the epithelium is fairly well separated from the supporting stroma by a basement membrane. In one or two places, however, and especially at the tips of the digitations, the border line is indistinct. In many places there is much fragmentation of the nuclei, free nuclei, and granular degeneration of the cell bodies. There are a large number of whorls with hyaline centres forming fairly typical 'pearls.' Lastly, there seems to be unequal karyokinesis in many of the cells. The stroma in some places is evidently the site of acute inflammatory changes.

"Papilloma and squamous-celled epithelioma are both equally rare in the naso-pharynx. One of these forms of growth is here present. The histological appearances are not conclusive of carcinoma, but there are so many features exceptional in a papilloma that, with the age, situation of the growth, its rather rapid occurrence, and clinical appearance, I am inclined to believe it will turn out to be an epithelioma."

The patient was last seen by me in April of this year, fifteen months after the removal of the growth, and there was not the slightest suggestion of any recurrence. I submitted the specimen and report again to Dr. Wright for his consideration. After a careful study of the specimen he was inclined to adhere to his

¹ Read at the Twenty-sixth Annual Meeting of the American Laryngological Association, held at Atlantic City, New Jersey, June 1, 2, 3, 1905.

original conclusion, urging me, however, to submit the slide to some other pathologist for an independent opinion. Acting upon his suggestion, the specimen was submitted to Dr. Harlow Brooks, of the University and Bellevue Hospital Medical College, who reported as follows:

"The growth seems to be a fairly typical papilloma, and I fail to find anything about it which would in my opinion warrant a diagnosis of epitheliomatous alterations. The 'cell nests' which appear in this specimen are not those typical of epithelioma, but are such as one commonly finds in papillomata springing particularly from the mucous surfaces normally covered in by squamous epithelium.

"Of course, these papillomata are very prone to undergo epitheliomatous alterations, but I fail to find anything in this specimen indicating such a tendency at present."

In this diagnosis Dr. Henry Brooks, of the Post-Graduate School and Hospital, agreed.

Almost at the same time we were shown a specimen of a tumour of the rectum, which presented almost identically the same appearance microscopically as the specimen in our own case. Whatever degree of doubt there may be microscopically as to the character of the growth, the clinical appearance is without question that of a benign tumour.

The case is reported both because of the interest attached to the diagnosis and also because of the great rarity of such growths. A rather hasty examination of the literature does not reveal any case of true papilloma springing from the posterior or upper wall of the naso-pharynx. Two cases are on record, but in each instance, as far as could be gained from the rather imperfect report, they had their origin, not in the naso-pharynx, but in the nose. Sendziac reports in the *Kronika Lek*, No. 5, 1894, a case of a man, aged fifty-two, from whom he removed with a cold wire snare a large papilloma 6 cm. long, 4 cm. broad, and 2½ cm. thick, which sprang from the inferior turbinated bone and obstructed the nostril on that side as well as the naso-pharynx.

The second case was reported by Newman before the Laryngological Society of London in March, 1898. The report was very brief and incomplete, simply stating that he removed a papilloma from the side of the naso-pharynx. There was no mention made of the point of attachment, nor whether a microscopical examination had been made. The growth reported by Sendziac was examined microscopically and pronounced a papilloma.

Quite recently a case was presented by Dr. H. W. Loeb at the Middle Section Meeting of the American Rhinological, Laryngo-

logical, and Otolological Society. Dr. Loeb was kind enough to allow me to see a section of the growth. This was clearly a case of papillary hypertrophy of the nasal mucous membrane, a subject which it will be recalled Dr. Wright has written upon at length and has spoken upon before this association on several occasions.

FIBROMA OF THE LARYNX IN A CHILD, AGED THREE YEARS, NECESSITATING TRACHEOTOMY AND SUBSEQUENT LARYNGO-FISSURE FOR ITS REMOVAL, FOLLOWED BY PROLONGED INTUBATION.¹

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BERNICE W——, aged five, was admitted to the Manhattan Eye, Ear, and Throat Hospital, June, 1904, suffering from great difficulty in breathing. Tracheotomy was hastily performed by the house-surgeon. The child had previously been in the Children's Ward of the Post-Graduate Hospital for a number of weeks, admitted there, as far as I could learn, for a slight difficulty in breathing. There she was operated upon for adenoids and, according to the house-surgeon, was discharged nearly well. Shortly afterwards, however, dyspnœa set in, necessitating immediate tracheotomy. The child's throat was very tolerant, and after a little while I was able to get a view of the larynx and to recognise a distinct neoplasm. A piece of this was removed for examination by the pathologist, who pronounced it an angiomaticous fibroma. This, in our judgment, excluded the possibility of a cure through prolonged tracheotomy, and although the child had had a great deal of discharge from the tracheotomy wound, at the end of two months I determined to resort to a laryngo-fissure for the removal of the growth. This was performed with considerable difficulty on account of the proximity of the tracheal wound and the narrow field of operation. The fibroma was found attached anteriorly to the thyroid cartilage and was removed. As was feared, infection took place in the wound from the amount of secretion into the trachea below and it had to be allowed to heal over by granulation. The child did very well, however, at the time and, when I returned from my vacation

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