

## ANGIO-NEUROTIC EDEMA OF THE ESOPHAGUS. A CLINICAL HISTORY.\*

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Mrs. L., aged 50 years, was referred to me for esophagoscopy examination on April 18, 1911, by her attending physicians, Drs. F. C. Paffard and L. Grant Baldwin. The immediately antecedent history was that during several previous weeks she had suffered from progressively increasing dysphagia and odynophagia until the ingestion of even liquid food was attended by extreme difficulty and distress.

As will later be shown, I at this time most inexcusably neglected any effort to elicit a detailed account of her illnesses prior to that under immediate consideration.

On introducing the esophagoscope, I found a mass just below the cricoid cartilage, occupying two-thirds of the lumen of the esophagus, with its attachment on the left side. Allowing for the distension by the tube, this tumor must have practically occluded the esophagus when it was not mechanically stretched.

The swelling was shown to both my colleagues and we agreed that we had to do with a luetic or neoplastic lesion. A Wassermann test negatived the first possibility: examinations of the blood and urine were also unilluminating.

Inspection a week later showed no appreciable change and a diagnosis of probable malignancy was made.

As corroboration of this diagnosis was naturally desired by the patient and her family, I suggested an examination by Dr. Jackson, who on May 12, 1911, under general anesthesia, found by esophago-gastroscopy no apparent lesion and informed me that he thought the patient was probably the subject of spasmodic stricture of the esophagus. A few days later she was seen by Dr. H. S. Plummer, of Rochester, Minn., who having made no endoscopic investigation, suggested the diagnosis of (possible) cardio-spasm.

I was unable to reconcile the conclusions of either of my distinguished colleagues with the very concrete appearance of the

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tumor which Drs. Baldwin and Paffard, as well as I, had plainly seen through the esophagoscope.

By the courtesy of these gentlemen I have obtained the previous and subsequent history of the patient, by means of which I was enabled to make a diagnosis, after Dr. Jackson and Dr. Plummer had seen her.

In 1907 she had an appendicectomy for symptoms (and findings) of acute inflammation. From then on she had many attacks, during which the following sequence obtained, with very little variation: Commencing with frequent and painful micturition and extreme vesical tenesmus, there would be a marked irritation of the urethra and meatus, with a simulation of urethral caruncle; always followed by pronounced indications of gastrointestinal disturbance and pyloric spasm.

During the winter of 1910, while at St. Augustine, Florida, she had an edema of the larynx and was for forty-eight hours in a condition when the necessity for tracheotomy seemed at any time most imminent. Two months later she had a similar, though milder seizure. From this time on, she had recurrences of the vesical and gastro-intestinal symptoms and began to complain of periods of dysphagia and odynophagia, which in each succeeding attack were more severe and protracted. At such times she would sit up in bed and involuntarily clutch her neck which was tender and seemed to her swollen.

Under these conditions, relief was obtained only by large doses of morphin and atropin. These seizures increased in frequency, severity and duration to a degree when the swallowing even of liquids was very difficult, and she became markedly emaciated and weak.

After her return from Pittsburgh and Rochester she seemed greatly exhausted, was at times delirious and reacted very slowly. She was, however, able to swallow without difficulty, except for occasional temporary slight discomfort. Late in 1911, her masseuse spoke of feeling curious "lumps" in her skin, several times within a period of three weeks.

In the spring of 1912, she had a generalized pruritis, with no objective signs beyond very slight erythema on the arms and legs. Later, in the summer of 1912, the abdominal symptoms became very distressing but were eventually relieved after a prolonged course of calcium lactate.

During the spring of 1913, she was again under the observation of Dr. Baldwin, for frequent and painful micturition with

vesical "burning" and tenesmus. There was some edema about the urethra and meatus, but no particular reason for these phenomena could be discovered. (No cystoscopy was made.)

A radiograph taken at this time showed adhesions about the hepatic flexure of the colon, slight angulation and colonic stasis.

In July, 1913, she sustained a fracture of the fibula. In September, all the urethral, vesical and abdominal symptoms recurred, with pronounced dysphagia lasting more than a month. During this time, large cutaneous wheals appeared on the neck, lasting more than two weeks.

Cutaneous manifestations (no two alike) have been: The curious "lumps" noted by the masseuse, "the slight erythema," and the distinct wheals, seen by Dr. Paffard. The mucous membrane upsets have been almost innumerable.

No identifiable exciting cause for any of the attacks could be determined; the predisposition may be in the abdominal adhesions described. Nothing has been neglected in dietary, hygiene, or general management. Frequent examinations of the urine have revealed nothing and repeated investigations of blood pressure never showed it above 140.

This history seems to point unerringly to the fact that what I observed through the esophagoscope, was, beyond question, a localized angio-neurotic edema, which assumption is fortified by the fact that on Tuesday, January 5, I passed the esophagoscope, in the presence of Dr. Paffard, through a perfectly unobstructed canal, and with relatively very little discomfort to the patient.

Without going into any general consideration of this most interesting subject, I want to refer to the paper of Dr. T. H. Halsted, "A case of probable persistent angio-neurotic edema of the larynx and soft palate," (*THE LARYNGOSCOPE*, November, 1908), as illustrating the possible chronicity of a process, which, in the ordinary "hives" we have been wont to regard as most ephemeral.

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