

LUPUS OF THE UPPER AIR PASSAGES.*

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The greater number of cases occur in females (77 per cent). It is during the second and third decades that the majority of the cases has been noted, as follows: First decade, eleven cases; second decade, forty-one cases; third decade, thirty-four cases; fourth decade, twenty-one cases; fifth decade, nine cases; sixth decade, nine cases; seventh decade, three cases.

Lesions of the Nose. When first seen the patient, as a rule, complains of a blocking of one or the other side of the nose. Examination shows a certain amount of crushing on the area affected. This is usually the anterior end of the inferior turbinate, the angle formed by the septum and outer wall, or an area on the septum about half an inch posterior to its anterior free margin, or reaching its junction with the skin. When the crust is removed a pinkish, elevated, granular surface is exposed which bleeds easily. As the disease progresses and the perichondrium is attacked the septal cartilage frequently becomes perforated, the soft parts of the nasal vestibules are infiltrated, and unless checked, complete destruction of the alar cartilages and skin covering them takes place. The area in the nose most frequently overlooked is the small space formed by the angle between the septum and the outer nasal wall.

Lesions of the Tear Sac. Eight cases in the series. The disease began within the nose and probably spread by direct extension along the mucosa of the lacrimal duct.

Lesions of the Alveolus, Hard or Soft Palate and Uvula. Thirty-three cases in the series. As a rule the mucous membrane presents a more granulous appearance than in the other regions affected. The lesions may be discreet, pale pink elevations about the size of a pinhead, scattered about with no definite grouping, or they may present a smooth, glistening, pink surface, instead of a granular appearance, sharply demarkated from the surrounding healthy mucous membrane.

Pharynx. Fifteen cases in the series. It is the posterior wall that is usually affected and the lesions appear as small nodules varying in size from a pinhead to areas having a diameter of about a quarter of an inch. Scarring is a distinct feature in this region.

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Larynx. Twenty-four cases, in five of which the epiglottis was involved alone, the lesions varying in severity from a simple redness to practically complete infiltration. This may continue to nodular infiltrations and eventually ulceration. In fifteen cases there was infiltration of the membrane either of an inter-arytenoid space, the ary-epiglottic folds, or the arytenoids themselves.

Lymphatic Spread. Lupus may spread by the lymphatics as well as by direct extension. The post-nasal lymphatic network communicates freely with the lymphatics of the pharynx and the upper surface of the soft palate. The vessels on the dorsum of the soft palate further the anastomose with those going to the under surface of the soft palate, the uvula and the tonsils. The lymphatic network anastomoses to a large extent with that of the pharynx, the mucosa of the supraglottic area being best supplied. Bear in mind the possibilities of the infection being carried in the lymph stream from the original focus in the nose; its appearance on the alveolus, palate, uvula, pharynx or larynx can be easily explained. What is difficult to explain is the fact that though the mucosa of the areas between the original focus in the nose for instance and the secondary lesion in the pharynx or larynx is freely traversed by the lymphatics which drain the former, there may be no sign of disease along the route.

Treatment. Treatment of various kinds may have an inhibitory effect and even a curative effect, but the latter are few. Among the agents employed are: First, tuberculin; second, salvarsan; third, electrical ionisation; fourth, curetting with or without the application of lactic acid; fifth, electrocautery; sixth, Pfannenstiel's treatment; seventh, X-ray. The first three of these methods have been abandoned because of the poor results secured. Lesions of the palate and alveolar process may be treated by curettement and the application of 75 per cent lactic acid. The electrocautery may be also applied for disease in the same area. For lupus of the nose Pfannenstiel's treatment is distinctly helpful. The diseased area is carefully scraped, the nasal cavities packed with gauze soaked in hydrogen peroxide, and sodium iodide is given internally. Nascent iodine is produced within the nasal fossa and acts upon the bacilli. In lupus of the epiglottis and the laryngeal mucosa removal of the diseased area with cutting forceps results in a cure or at least the arrest of the disease. The X-rays are now employed in selected cases. Of two cases who were treated with Finsen rays, both were benefited.