

BLACK (G. M.)

NASAL SARCOMA  
CURED BY OPERATION.

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OWING to the rarity of this affection, and the still greater infrequency with which we find our efforts rewarded with success, I feel that it will be of interest that the case be reported in full.

On the 7th of April, 1894, Dr. McLauthlin, of this city, asked me to examine the nose of a patient of his who had been having some elevation of temperature that he was unable to account for.

I found Miss L., aged thirty-eight years, to be very weak and unable to sit up, and suffering from extreme frontal headache, with temperature of 101° F. She informed me that her fever had begun about ten days prior to my visit, and that at the same time the right side of her nose began to stop up, which resulted in complete occlusion in forty-eight hours. She was not aware of having had any nasal trouble before, although she had noticed for some time that the right side of her nose was not so free as the left, and that she had occasional nasal hæmorrhages, but could not say from which side they came.

The nose externally was slightly reddened, and very



markedly enlarged on the right side, with extension of the redness and swelling to a less extent under the right eye. Pressure over any part of this area was painful. Protruding from the right anterior nares was a red and rather hard lobulated tumor, which bled upon slight manipulation. Inspection of the left nasal chamber showed the septum to be deviated toward the left so as to be in contact with the turbinated bodies. My advice was that the growth should be removed at once. It was impossible to say if the presence of this growth was alone responsible for her temperature and general physical condition. There was no question in my mind that its removal would be productive of benefit. A specific history could be eliminated beyond any question. Miss L. was removed to St. Luke's Hospital, where a more complete examination was made. Upon inspection of the post-nasal space it was found to be free, but the tumor could be plainly seen protruding from the right posterior nares. A view of the interior of the right side of the nose could not be obtained, owing to the growth filling that chamber so completely.

On April 8th she was etherized, and the cold snare used to remove as much of the tumor as it would engage. I first packed the right posterior nares to prevent the blood from running down into the air-passages. After removal of the growth, I found no trouble in passing my little finger into the nasal chamber and exploring the region of the middle turbinated body. I found this region still occupied by a very large mass of tumor. Hæmorrhage was very moderate, so I introduced a strong, sharp curette and thoroughly scraped this region. Hæmorrhage was becoming pretty free, so I deemed it best not to attempt the removal of anything more. I then packed the entire right chamber with strips of iodoform gauze. This practically stopped the bleeding with the exception of a little oozing.

APPEARANCES OF THE TUMOR.—It was an inch and a half long, three quarters of an inch wide, by an inch high. Its general appearance was a dark red, mottled in

places, with a rough surface, and quite firm to the touch. On its outer side there was a ragged hole about two millimetres deep by four millimetres in diameter, evidently a point of beginning ulceration.

PROGRESS OF THE CASE.—The nasal packings were removed at the end of twenty-four hours and replaced by a less amount, as the hæmorrhage was insignificant. From this time on she gradually gained in strength, so that at the end of a week she was able to pay me daily visits at my office. The temperature has been normal since the second day after the operation.

April 16th.—Removed another piece of tumor to-day, under cocaine anæsthesia, with the cold snare, from the posterior part of the middle turbinated body. Size of piece removed, an inch long by half an inch wide in both its other diameters. It had the same general appearance as the first piece removed.

18th.—After cleansing the part, I removed a number of remnants of the growth with the cold snare and curette, under cocaine anæsthesia.

19th.—After thorough cleansing, I found what looked to be granulation tissue covering the middle turbinated body, and completely filling the middle meatus. This tissue I thoroughly cauterized with trichloroacetic acid.

May 1st.—The eschar from the cauterization came away to-day, leaving a perfectly clean middle turbinated body, with not a vestige of the growth to be seen anywhere. The nose looks normal externally, and the patient is free from all pain.

7th.—The part is still clean. No signs of recurrence. Considerable secretion accumulates and tends to form scabs in the middle turbinated region, unless it is cleansed several times a day.

12th.—Less secretion. Otherwise no change.

15th.—Her home is in New Jersey; she has only been here on a visit. She leaves to-night, not to return. She takes a letter to Dr. Charles H. Knight, of New York, and will consult him as soon as she arrives there

on her way home. She carries with her two microscopic slides of the growth. The nature of it having been pronounced malignant, I explained to her that it would in all probability return, and that she must see Dr. Knight regularly, so that steps might be taken to do a more extensive operation if necessary. I was somewhat fearful that the maxillary sinus was involved, as a slight difference was noticeable on transillumination.

I have not seen Miss L. since she went home, but have heard from her, as well as from Dr. Knight, quite often. The reports have been that she has had no further trouble from any recurrence of the growth. Dr. Knight also wrote me that he had examined the slides sent him, and that there seemed to be no doubt, so far as the microscope went, that the growth was sarcomatous.

The following is a part of a letter received from Dr Knight a few weeks ago, in response to a letter of mine inquiring after Miss L. preparatory to writing this report. He says: "As a matter of fact there is not much to say. You evidently made a clean, thorough job of it, since there has not been, up to the present time, the slightest evidence of recurrence. The patient has gained in weight, and improved very much in her general condition. She has severe headaches at long intervals, but no pain referred especially to the affected nostril. Since contracting a violent cold last fall she has had more or less catarrhal secretion. The accessory sinuses do not seem to be implicated, and the local condition may be considered satisfactory." Dr. Knight had examined Miss L. just a few days before he wrote this.

The report from the pathologist will complete the history of this case. The clinical appearance, together with the macroscopical and microscopical appearance of the growth, certainly warranted me in believing that I

had to contend with a genuine sarcoma. Over two years have now elapsed, and there has been no recurrence of the growth. I have therefore felt that the ease with which it was cured was due to a mistaken diagnosis. I shall leave you to judge if this should be recorded as a case of cured nasal sarcoma.

Warren, in his *Surgical Pathology*, says: "Sarcoma of the nasal passage is not a very rare disease. The round-cell and alveolar forms of sarcoma seem to be the prevailing types of growth. Fibrosarcoma and myxosarcoma are seen, and also angeiosarcoma and melanosarcoma. The disease occurs as a pediculated tumor attached, with about equal frequency, to the outer and inner walls of the nasal cavity. The average age at which the disease appears is about forty years, and it is seen about equally in males and females. The disease does not appear to show the same malignant tendencies in the nasal passage that it does in other localities. Many of the reported cases were well, without recurrence, several months after the operation."

The following report is from the pathologist, Dr. H. C. Crouch, of the Medical Department of the University of Colorado:

Two sections stained with logwood and mounted in Canada balsam were submitted for examination. The external surface consisted of a single uninterrupted layer of delicate columnar epithelium. The bulk of the sections consisted of rather large, round, and oval cells, with a distinct nucleus and cell protoplasm. The stroma varied in the different parts, being more abundant with fewer cells in certain portions, and less marked in others. In parts the stroma showed a marked alveolar arrangement, including nests of the above-described cells. In other parts the alveolar arrangement of the stroma and

cells was evident. In certain portions of the section where the cells had fallen out during the manipulation, a fine reticulum was visible, and in the alveoli described it was often possible to trace the fine fibrillæ penetrating between the cells. In accord with the foregoing appearances, a diagnosis was made of alveolar sarcoma.

In closing, I desire to thank Dr. Charles H. Knight for the reports he has made to me of the progress of the case. I desire to thank Dr. H. C. Crouch for his very accurate report of the microscopic appearance of the growth.

STEELE BLOCK.





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