KNIGHT (C.H.)

A case of fibroma of the nasal fossa ——

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A CASE OF FIBROMA OF THE NASAL FOSSA.

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TUMORS of the nasal fossæ made up in part of fibrous tissue, are not uncommon, many cases of fibro-sarcoma and of fibro-myxoma being on record. Fibromata of the naso-pharynx are much more frequent. The explanation of this fact, generally accepted, is that the deep layer of fibrous tissue is denser and more plentiful at the upper and posterior parts of the nasal chambers and in the vault of the pharynx, than elsewhere in the upper air tract.

In a paper read at the Ninth International Medical Congress in 1887, Casselberry tabulated eight cases of intra-nasal tumor, in three of which, including one of his own, the diagnosis of fibroma was verified by the microscope. One was a fibro sarcoma, one a fibro-myxoma, and the remaining three were designated fibromata, although no microscopic examination was made. In one of these last, death resulted from hemorrhage following an attempt at removal of the tumor, a fact which would tend to throw suspicion on the diagnosis. By many observers vascularity is said to be a characteristic of a fibroma, and epistaxis is mentioned as an early and constant clinical sign. Spontaneous hemorrhage, as a frequent occurrence or in excess is always suggestive of malignancy. Whatever may be the rule as to the naso-pharynx, it is believed that pure fibromata of the nasal fossa, at least if pedunculated, are not dangerously vascular growths. A diagnosis of these neoplasms should always rest upon the microscopic examination. The admixture of sarcomatous, myxomatous, or other elements in many of the cases on record reduces the number of genuine fibromata to a very small figure. On these grounds we should be justified in excluding a large proportion of Bosworth's collection of forty-one cases of so-called fibroma.

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Since the date of this report a single case of fibroma has been reported, that exhibited by Gerber, January 8, 1894, and referred to in the *Journal of Laryngology*, April, 1894. In 1893, Stoker gave the history of a case of what he calls "soft fibromata," vascular papillary growths of the middle and inferior turbinated bodies, evidently not genuine fibrous tumors. A similar case of "soft fibroma" of the nasal septum has been reported by Victor Lange, and is abstracted in the *Journal of Laryngology*, February, 1894. In the *Charlotte Medical Journal*, January, 1895, Dr. W. H. Wakefield reports a case of nasal fibroma. It does not appear that the diagnosis was confirmed by the microscope, and the precise implantation of the tumor remains in some doubt its point of attachment not having been determined before its removal.

The history of my own case is as follows :

G. T. D., *aet.* 21, came to me in 1889 with the usual symptoms of nasal catarrh, which had been present for several years. The left nostril in particular was obstructed. There was no pain. The sense of smell was not impaired. There had never been any hemorrhage. The general health was excellent, except for a persistent cough with moderate expectoration, which led the patient to apprehend pulmonary disease. The lungs, however, were sound. On anterior rhinoscopy the septum was seen to be somewhat deflected to the left, and far back in the left nasal fossa could be detected a smooth, movable tumor attached to the posterior end of the middle turbinated body. In the rhinoscopic mirror the tumor appeared nearly to fill the left choana. It was smooth, round, symmetrical, and decidedly darker in color than the average œdematous polyp, and, moreover, was evidently denser in structure. Nevertheless, it was thought to be an ordinary gelatinous growth containing an unusual proportion of fibrous tissue.

The removal of the tumor was easily accomplished under cocaine, by means of the cold wire snare, and was followed, of course, by great relief as regards the breathing, and by considerable improvement in the general catarrhal symptoms. The after-treatment consisted in the use of sprays, cleansing and sedative in character, and the reduction of turbinated hypertrophies with the galvano-cautery. There has been no recurrence of the growth.

The chief interest of this case centres in the microscopic

character of the tumor, which is a *pure fibroma*. Several sections have been examined by my friend, Dr. Jonathan Wright, who reports that he has been unable to find the slighest trace of so-called myxomatous structure. The density and absence of vascularity in the growth are very marked, and near the surface, at certain points, collections of small round cells suggestive of sarcoma, but of inflammatory origin, are conspicuous. In general the fibrous structure is perfectly distinct, and becomes more marked towards the middle of the tumor.