

ATKINSON, (I. E.)



—NOTES OF A—

## CASE OF ERYTHEMATOUS LUPUS,

COMPLICATED BY THE  
TUBERCULAR SYPHILODERM.

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The following case presented such unusual features, and, during its course, threw such difficulties in the way of correct diagnosis, that I have ventured to report a somewhat detailed account of its characteristics; of the therapeutic measures adopted to combat it, and the reasons that have induced me to classify the malady as I have. The patient was referred to me by my friend Dr. Samuel Johnston, March 13th, 1879.

He was a strongly built negro, about 43 years of age, married, but childless, engaged in business in a neighboring town. He was of temperate habits. He had suffered much from malarial fever, and felt at the time quite debilitated. Fifteen years previously he had had a sore upon his penis, but had no recollection of any symptoms that would indicate constitutional syphilis. He had been remarkably free from cutaneous eruptions until recently. About two years previously he began to have some trouble with his nose, and consulted Dr. Johnston about it, who discovered ulceration of the nasal mucous membrane, with involvement and partial destruction of the cartilaginous septum. At the same time there was a small ulcer upon the left side of the neck. Under a treatment of combined potassium iodide and mercury, the lesions healed speedily, without any mechanical interference. During November, 1877, a small spot of eruption made its appearance over the right side of the nose. This spread gradually and steadily, in spite of anti-syphilitic treatment rigorously carried out under Dr. Johnston's direction. Indeed, not the slightest influence seemed to be exerted upon its course, which had been steadily progressive until the patient came under my observation.

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At this time (March 13th, 1879) the skin was involved over the right nasal bone, not as far as the ala nasi, the canthus or eyelid. The eruption crossed over to the left side of the nose, involving its whole surface as far as the tip and nostril. It extended over the left cheek, sparing the eyelid, as far as the malar prominence, thence downward and slightly outward to a point level with the angle of the mouth, thence inwardly, including the upper lip nearly to the median line. The entire surface within these bounds was uniformly covered with a continuous, elevated, but somewhat rugous crust, rising abruptly from the healthy border. This crust was of a grayish slate color, and where thinnest, of a dirty opaline hue. The margins were irregularly convex. It was in a softened condition from citrine ointment, diluted with vaseline, that he had been using. When portions of it were raised with the finger, as could be done with ease, they were found to cover an infiltrated surface of uneven appearance, of dusky hue, but entirely free from ulceration. In some places the crust was moderately adherent, and upon lifting it, tiny prolongations could be seen stretching downward as if they had filled the sebaceous ducts, the orifices of which, though visible, were of small size. There was not the slightest sign of fluid exudation, although the under surface of the crust was soft and sticky. The entire surface was prominent and more or less irregular, the crust attaining in places a thickness of from 2 to 3 mm. It was thickest upon the nose, which presented a strikingly bulbous appearance and a size disproportionately large. The crust suggested a resemblance to the rough bark of a tree and in its distribution and characters, the peculiar accumulations of lupus erythematosus, with excessive sebaceous products. There was no lymph-glandular enlargement whatever. Except a slight stinging of the affected part, there were no subjective symptoms. Occasional malarial attacks were the only manifestations of constitutional disorder, nor were there any evidences of cutaneous disease except those described.

Though hesitating to form at once an opinion as to the syphilitic or nonsyphilitic nature of the affection under consideration, the patient was given a prescription for potassium iodide and the syrup of the iodide of iron, and was directed to continue the ointment. He returned March 23d, feeling better and with the crust partially removed from his face in consequence of the softening influence of the ointment. He complained that I had given him the same medicine he had been taking for a long time and that it made him sick. I now gave him  $\frac{1}{4}$

of a grain of corrosive sublimate with tincture of the chloride of iron thrice daily, and directed him to use, in addition to the ointment, the spiritus saponatus alkalinus, which was to be rubbed with vigor into the part daily.

This treatment was followed out until April 17th, when the crust had become removed in great part, so that it was now possible to gain a pretty good idea of the condition of the skin. Upon the cheek and upper part of the nose, this was of a dusky red color, clearly discernible through the natural darkness of the complexion. The orifices of the sebaceous glands were noticeable, but not notably enlarged. The finger passed over this surface, encountered a slight feeling of roughness. *There was no sign of scarring anywhere.* Upon the nose and upper lip, there were now a few soft, tubercular prominences, varying in size from that of a small shot to that of a small pea. These gave a more or less knobbed appearance, but were more adherent than elsewhere. These nodules were situated upon the right side of the nose over the nasal bone and upon the left ala nasi and nostril; one or two were visible upon the upper lip close to the nostril. They were quite soft and indeed the whole surface offered but little resistance to the touch. Toward the tip of the nose, projecting slightly beyond the medium line was a discoid, elevated, slate-colored scab about 2mm. thick and of the diameter of a five-cent piece (nick-el.) The left ala was thickened to twice its normal size and the nostril was correspondingly narrowed. A tiny ulcer of pinhead size and soft, was seen just above the nostril, upon the ala. A new discoid crust similar to the one just noted in size and appearance had developed upon the left cheek toward the ear. It covered a surface, the epidermis of which was whole and showed moderately dilated sebaceous orifices. There was nowhere fluid discharge. Citrine ointment was continued as an application and  $\frac{1}{2}$  grain of arsenious acid was given thrice daily in pill. Upon June 7th, no improvement could be observed; on the contrary, there had been slight extension to the right ala nasi, where several small tubercles of soft, fleshy feel appeared along with an extension of the crusts. He was ordered to use the *emplastrum hydrargyri* at night and to continue the daily application of the spiritus saponatus alkalinus. By July 9th, there was much improvement in the condition of the crust, which had been entirely removed, except three discoid ones, 1 cm. in diameter, upon the nose. The skin was still congested, and thickened, and if closely examined was seen

to be covered with thin adherent scales. No sign of cicatricial formation anywhere. The use of mercury was abandoned, it having now been given since March 23rd, with brief intervals to avoid the danger of ptyalism.

Cod liver oil in liberal doses was administered, and spt. saponat. alk. cum pice was directed to be used twice daily. By Sept. 16th, his condition, so far as his cheek was concerned, was very satisfactory. There seemed to be but little disposition to renew the crust, though the skin remained reddened and thickened. The nose and upper lip were improved as regards the general surface, but the tubercles now extended over both alæ, soft to the touch and equalling in size small peas. They also involved the nares, which were thickened and swollen, and the lips to the vermilion border. J —, was (Sept. 16) placed under the influence of ether, and with Volkmann's curette, I spooned out the infiltrated material which broke down with great ease and was removed in masses. In this manner much tissue was torn from isolated points upon the upper surface of the nose, while all of the integument of that portion bordering the nares and extending to the lower third of the right ala was removed. The nitrate of silver point was next driven through all yielding portions of the diseased surfaces, after which dry lint was applied.

He was directed to return in a month, and in the meantime, after the removal of the slough, to rub vigorously the spts. saponat. alk. c. pice into the parts not operated upon. Upon his return, Oct. 25th, most satisfactory improvement was observed. The nose was much reduced in size, cicatrization was perfect, except where here and there points of the new-growth had escaped destruction. These points were again scraped out, and the curette applied thoroughly to the left ala and upper lip, points not touched at the first operation. The lunar caustic was again thoroughly applied. Dry lint was again used as a dressing. Iodide of potassium was now ordered in doses of 10 grs. thrice daily, and its good effects were seen in the steady progress toward recovery that now was observed.

The patient was last seen March 22nd, 1880. Cicatrization was perfect everywhere. The nose, though showing the scars of the operations, was free from disease; was in excellent shape and showed no asymmetry from loss of substance. This was only observed in the alæ, which were retracted so as to expose the septum to an extent equal to about 5mm. There was no evidence of returning

tubercles here nor upon the lip. Recovery of these parts seemed perfect. The erythematous condition of the upper part of the nose and cheeks had almost disappeared under the use of spirits of green soap and tar, but their surface remained unctious, and the sebaceous glands could be seen to project their contents somewhat above their orifices. There was no longer any tendency towards the production of crusts, and the patient considered himself about well. As communicated by letter some months later, improvement continued to be most satisfactory.

The difficulty in forming a correct diagnosis in the preceding case is apparent. That the malady was not lupus, pure and simple, must be conceded, since, though the characteristics of lupus erythematosus were undoubtedly present, the occurrence of the tuberculations in the affected area certainly cannot be ascribed to this affection, to which such lesions do not belong, nor yet can we admit that they could result from a combination of lupus vulgaris with lupus erythematosus, a condition though not impossible, certainly of great rarity. For, while the latter may perfectly well develop at an age corresponding to that of my patient, the former affection always appears for the first time before adolescence, though once developed, it may persist indefinitely; moreover the tubercles were larger than those of lupus vulgaris, and invaded the parts with much greater rapidity. On the other hand, the vigorous anti-syphilitic treatment instituted by Dr. Johnston, and persisted in by myself for months, should have shown some therapeutic influence, had the morbid process been purely syphilitic, although it must be confessed that the enormous doses of potassium iodide that it is sometimes necessary to employ in old syphilitic cases were not given by us. However, in other lesions that appeared to have been undoubtedly of syphilitic origin, anti-syphilitic treatment directed by Dr. Johnston was followed by promptly favorable results; while the lesions we are considering, developed and increased in spite of the remedies usually employed to control syphilitic manifestations. Finally, the prompt and complete relief afforded by mechanical interference, would seem to negative the idea of a syphilitic origin.

It has occurred to me that a solution to the difficulty is afforded, if we ascribe the lesions to the engrafting of a tertiary syphilitic process upon lupus erythematosus. It cannot be denied that the symptoms of the latter affection were exhibited in the distribution of the earlier

eruption, the erythematous condition of the skin, the peculiar implication of the sebaceous glands, the special physical features of the crust. Indeed, I do not think we can avoid the conclusion that lupus erythematosus was present. The tuberculations that developed after the establishment of the lupus must be regarded as the expressions of a very late syphilitic vice, developing in a point of least resistance, already the seat of a special granulation-tissue exudation, and itself prone to develop the results of late syphilis of extraordinary unamenable to treatment. It may be that a more energetic and powerful anti-syphilitic treatment would have accomplished the same ends, but it appears probable that the mechanical and chemical destruction of the neoplasm, incapable of higher organization and destined to ultimate disintegration, relieved the embarrassed nutritive functions of the tissues, and enable them to complete the reparative process under the influence of the specific remedies employed. This effected, the lupous infiltration, already exhibiting the favorable influence of the appropriate treatment employed, continued to give place to the process of health.



