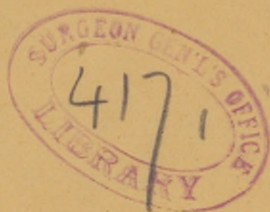


RICHARDSON (C.W.)

A pharyngeal aneurism.

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A PHARYNGEAL ANEURISM.<sup>1</sup>

BY C. W. RICHARDSON, M.D.,  
OF WASHINGTON, D. C.

no. 1104 L st. n. w.

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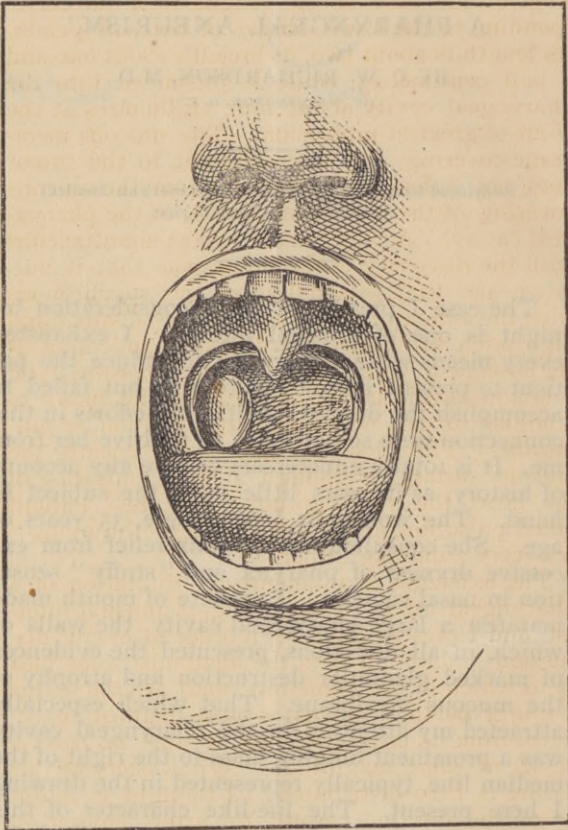
Reprinted from "The Journal of the American Medical Association," August 2, 1890.

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The case I present for your consideration to-night is one of unusual interest. I exhausted every means within my power to induce the patient to present herself before you, but failed to accomplish the desired result. My efforts in this connection were so persistent as to drive her from me. It is totally unnecessary to give any account of history, as it bears little upon the subject in hand. The woman is Irish, single, 35 years of age. She consulted me to obtain relief from excessive dryness of pharynx and "stuffy" sensation in nasal cavities. Exposure of mouth made manifest a large pharyngeal cavity, the walls of which, in all directions, presented the evidences of marked glandular destruction and atrophy of the mucous membrane. That which especially attracted my attention in the pharyngeal cavity was a prominent bulging mass to the right of the median line, typically represented in the drawing I here present. The life-like character of this tumor cannot be represented by the pencil of the artist.

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<sup>1</sup> Read before the Medical Society of the District of Columbia.



I will attempt to describe it: The mass extends from a little to the right of the median line to the right lateral pharyngeal wall, and from the level of the base of the tongue to a line corresponding to the lower border of the soft palate. Its length is about two, its breadth about one and a half centimetres, while it protruded into the pharyngeal cavity about four millimetres at the point of greatest protrusion. The mucous membrane covering, and that adjacent to the tumor does not differ in any respect from the mucous covering of the remaining portion of the pharyngeal cavity. A point noted almost simultaneous with the discovery of the tumor was that it pulsed, and that this pulsation was synchronous with the action of the heart. A very distinct and high pitch bruit was heard upon application of stethoscope to right side of neck. Pressure upon common carotid in the neck caused the tumor to diminish in size, with complete cessation of pulsations. The blood seemed, just beneath the mucous surface, as though at each pulsation of the heart the swelling must rupture. Patient noted pulsation, and stated that the "thumping" was very annoying to her.

The existence of an aneurismal dilatation of a pharyngeal artery is something of unusual interest, and I present the case in order to excite discussion and obtain from the anatomist some idea as to which of the numerous small arterial twigs it might belong. I was at first inclined to believe, from its large size, that it must be from a vessel of some magnitude. What artery of this nature is here distributed? I thought it might be of the internal carotid, the artery having an anomalous distribution; this would require a marked displacement. It could also be one of the branches of the ascending pharyngeal having

an unusual size, presenting that anomalous deviation from the type that we occasionally observe in other arteries, and this had undergone an aneurismal change.<sup>2</sup>

NOTE.—While the proof of the above article was passing through my hands, I noted an article entitled "Eight Cases of Large Pulsating Arteries on the Posterior Wall of the Pharynx," by J. W. Farlow, M.D., of Boston.<sup>3</sup> In this article Dr. Farlow calls attention to his having previously reported five cases of the same character.<sup>4</sup> These escaped my notice. The eight cases here reported are in all probability the same, though less marked, as the condition above mentioned; although the histories are so briefly given as to leave some doubt.

<sup>2</sup> For discussion see Society Proceedings.

<sup>3</sup> Boston Med. and Surg. Journal, July 3, 1890.

<sup>4</sup> Boston Med. and Surg. Journal, March 31, 1887.



