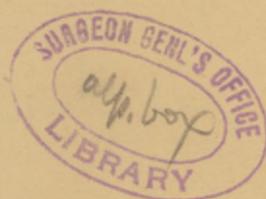


BUIST (J.S.)

Excision of Superior maxillary  
Bone for Fibro-Sarcomatous Tumor  
("Epulis"), in a child nine years of age





*Compliments of J. S. Buist, M. D.*

[From the Medical Transactions, 1874.]

Excision of Superior Maxillary Bone for  
Fibro-Sarcomatous Tumor, ("Epulis")  
in a Child nine years of age—Cure.

**BY J. S. BUIST, M. D.,**

**CHARLESTON, S. C.**



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[PAPER D.]

*Excision of Superior Maxillary Bone for Fibro-Sarcomatous Tumor, ("Epulis") in a child nine years of age—Cure—By J. S. Buist, M. D., Charleston, S. C.*

The report of the following case, as illustrated by the accompanying designs, and the pathological specimen, herewith shown, is of sufficient importance, and presents points of interest, not from any peculiarity of the growth or new developments in changes of tissue, by morbid action, but as illustrating—1st. The rapidity of growth in tumors of this class. 2nd. The quickness with which recovery occurred, upon the removal of the mass, interfering as much as it did with the proper nourishing of the body. And 3rd. The extreme youth of the subject upon whom such a grave operation was practiced.

I was called to see Abram, a colored boy, aged nine years, on the 20th day of April, 1871, with the view of suggesting relief to a rising, so-called, upon the face, and found, as expected, a large tumor of the upper jaw, left side. The following history was obtained: About nine months previous to observation, the first evidence of disease commenced to exhibit itself, by the presence of a small rising or hardened nodule upon the mucous membrane of the roof of the mouth. This gradually increased, extending upwards, backwards and forwards, until the tumor commenced to show itself anteriorly, by producing an elevation of the upper lip, and protrusion of the growth externally, occupying the whole of the left side and half the front of the face. Upon examination, the following was found: A large, tense, unyielding mass, occupying the whole of the left side of the face, extending slightly forward, filling the cavity of the mouth, and extending backwards, bounded by a well defined and free margin, separate and distinct from the hard palate. The tongue was pressed out of position and lay against the right cheek. The impress of the teeth upon the free margin of the tumor was present, and at a few points, they were imbedded by ulceration into its substance, giving rise to offensive and ugly discharges, with occasional hemorrhage. Articulation was impaired to a great degree. The skin was moveable and loose. Constant salivary discharge was present, rendering with the deformity the subject one of commiseration. In appearance the tumor was of a pinkish white color. The general health was good. Power to masticate upon the sound side had been entirely lost. Nourishment consisted of soups, milk, &c. &c.

The nature of the growth, its rapidly extending tendency, its non-malignant character, and above all, the effects upon the con-



FIGURE NO. 1.

*Showing the appearance of patient before operation of Excision  
of Maxillary Bone for Fibro-Sarcomatous Tumor.*

By J. S. BUIST, M. D., Charleston, S. C.



stitution of the child, together with the extreme gravity of the operation, and the tender years of the boy, being all taken into consideration, operative procedure was determined upon, after consultation and a review of all the facts in the case. Some slight preliminary treatment having been instituted, on the morning of May 8th, with the assistance of several of my professional brethren, I practised the following modification of Dieffenbach's operation: the patient being placed in a semi-recumbent position, head and shoulders elevated, was as rapidly as possible brought under the influence of chloroform. The three upper incisors were drawn. A vertical incision near the median line and nearly midway between the canthi of the eyes was then made, extending a little to the left and through the nose and lip, the knife penetrating the left nares, close to the septum. The single flap thus made was carefully dissected up, when it was found that ample room was obtained to expose the whole upper surface of the tumor. A transverse incision about half an inch in length was next made from the upper angle of the first incision towards the left eye, thus exposing the upper attachment of the bone. Section of the malar attachment of the bone was then made with a strong pliers. The hard palate and nasal process were then divided in the usual way, with Liston's pliers. The tumor being then seized and strongly pressed downwards with a few touches of the knife and scissors, all of its attachments were divided, and it was removed. Little or no hemorrhage followed. Two small arterial branches were severed during the operation, viz.: the angular, severed in the first incision, and one of the small branches of the palatine, the larger vessels being obliterated by the effects of the pressure of the tumor. The wound having been sponged out with a saturated solution of alum, to quell any oozing, was brought together by five points of interrupted silver wire suture, the cavity being supported by pledgets of lint, wet with carbolic acid and glycerine, and a bandage applied over the parts to keep and support them. Small doses of morphine were given at intervals to control pain, and the utmost quiet enjoined. The patient reacted promptly, small doses of stimulant being administered occasionally. At the end of the third day, suppurative symptoms developing themselves, the pledgets of lint were withdrawn, the cavity sponged and injected with a weak solution of carbolic acid and water, the dressing being removed and renewed each morning thereafter. The bottom of the cavity was healthy, the pus laudable, with considerable swelling about the palatine arches and pharynx, though not sufficient to interfere with deglutition, nourishment consisting of milk, soups, &c., &c., being administered through a tube. On the morning of the fifth day, the entire lines of the incisions having apparently united, three of the sutures were removed and small strips of ichthyocoll plaster substituted. On the seventh day the other two sutures were removed, the wound having united by first intention, through its entirety.

The cavity of the mouth rapidly filling up, the strength of the patient gaining from day to day, the usual treatment as adopted in such cases being continued, at the end of three weeks the boy returned to his home completely cured and presenting, as will be seen by the second figure, a much handsomer face than the owner was entitled to, notwithstanding the keen blade of the knife and crushing effects of the lion forceps. At this time no evidences of a return of the tumor are present. The child has grown, is robust and hearty, masticates any kind of food upon the sound side, and unless upon a close examination, the cicatrices cannot be observed and deformity is absent.

The tumor, as will be seen, embraces the whole of the left maxillary bone belongs to the class described by pathologists as epulis. Beginning, as it always does, in a thickening of the mucous membrane as an elevated nodule upon the gums, it rapidly increases in size and embraces the whole of the bony structure, in the connective tissue elements of which it primarily takes its origin, having its matrix or point of start in one of the sockets of the teeth. It is always dense and firm of consistence, of a florid color, and peculiar fibrous structure. Its progress is rapid, and painful; and being nearly always located about the mouth and face, fills the cavity and interferes with mastication, articulation, and sometimes even with deglutition and respiration. This form of tumor is liable to come on at any time of life, and in both sexes. Of its exact pathological character, scientists are divided in opinion, and where to place it, has not yet been determined. Most writers seem to regard it as belonging to the sarcomatous variety of disease, and it certainly approaches these affections more nearly, in its progress, symptoms and reproductive tendencies, than any we are acquainted with. Of the exciting causes, nothing is known. Having a tendency to recur in many cases, the constitution seems to be affected. Certain it is, that the only remedy is early and thorough excision, not of the tumor only, but of the entire bone or part of the bone that may be affected, and where, as in the case that has just been described, the whole maxillary bone has become diseased, the only alternative is complete and entire extirpation, even though the risk of death from the procedure be imminent.

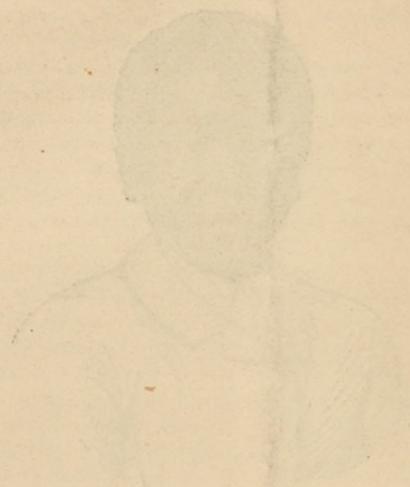
Excision of the upper jaw was practiced by Acoluthus as early as 1693, but the honor of first extirpating it in whole, is due to the late Dr. Jameson, of Baltimore, who achieved the enterprise successfully in 1820. In the large majority of cases described by authors, the subjects have been adults, of strong, vigorous constitutions, and even then the mortality has been very large. In searching the records, but few instances can be found, where those of tender years have been operated upon successfully, and as the case described is one of this character, it is thought best to place it upon record as one of the evidences of the efficiency of our art to relieve human suffering.



FIGURE NO. 2.

*Showing the appearance of patient after operation of Excision  
of Maxillary Bone for Fibro-Sarcomatous Tumor.*

By J. S. BUIST, M. D., Charleston, S. C.



1871  
The undersigned do hereby certify that  
the within is a true and correct copy  
of the original as the same appears  
in the records of the  
County of [illegible] State of [illegible]



