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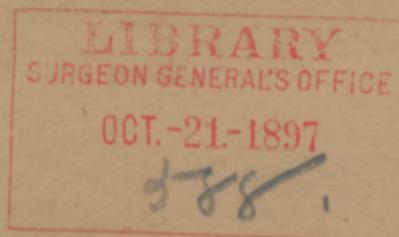
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The Differential Diagnosis of Nasal Ulcerations.

BY W. A. NEWMAN DORLAND, M.D.,  
*Chief of the Gynæcological Dispensary, Philadelphia Polyclinic.*

*presented by the author*

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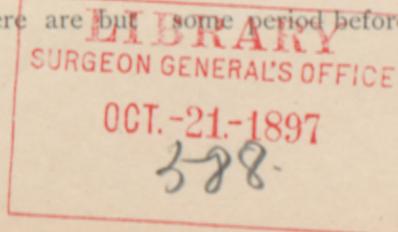
WITH perhaps the one exception of congenital syphilitic rhinitis, ulceration of the nasal mucous membrane is of comparatively rare occurrence in early life. Nevertheless, the frequency with which the other forms of ulcerative disease occur is such that too much stress cannot be laid upon the importance of a sufficient acquaintance with their clinical manifestations to permit of correctly diagnosing their respective natures and prognostic significance. Peculiarly is this true as regards the prevention of any ultimate deformity which might result from neglect of the observance of the proper therapeutic precautions.

After carefully reviewing the subject as treated by the most recent observers and recognized clinicians, it would appear that, by bearing in mind some such systematic grouping as is laid down in the following diagnostic suggestions, but little difficulty will be experienced in accurately recognizing the existing pathological condition in each individual case. As a preliminary injunction it should

be remembered that there are four pathological conditions of the nasal chambers which are associated at some time or other in the course of the disease with the formation of abrasions or ulcerations of the mucous membrane and subjacent tissues. These are in the order of the frequency with which they are encountered and commencing with the most common, congenital syphilis, or more scientifically speaking, congenital specific rhinitis, lupus of the nose, tubercular rhinitis and atrophic rhinitis. The presence of ulcers in the latter affection is of such a rare occurrence, however, that it may practically be omitted as of but slight interest to the diagnostician, but for the sake of completeness it has been included here. In making a comprehensive investigation into the nature of an ulceration, which is presented for diagnosis, the following points should be considered:

(1) *Age*.—The age at which the disease manifests itself is of valuable assistance to us from a diagnostic point of view. Thus, congenital specific rhinitis invariably appears at

but some period before the fourth month



of life. This is in strong contrast to the remaining diseases, which are essentially affections of early youth, and will at once explain the nature of an ulceration occurring in the nasal passages of a very young infant, especially when associated—as it always is—with some specific parental history, and a characteristic rapid clinical course. Lupus usually appears at some time between the third and twelfth years, although it may, and does, manifest itself later than this period, though in a lessened degree of frequency. Tubercular rhinitis, likewise, is a disease of early youth, occurring in those of a scrofulous diathesis, while rhinitis atrophica occurs between the fifth and fifteenth years.

(2) *Site*.—The location of the ulceration is not of much value in a diagnostic sense, since the most common seat for all ulcerations is the septum narium. Lupus, however, in its early stage is confined to the cartilaginous septum, while the tubercular ulceration may appear upon the floor of the nose, or upon the lower and middle turbinated bones as well as on the septum. The ulcerations of the atrophic and specific forms are always confined to the septum.

(3) *Size*.—A study of the appearance of the ulceration when fully formed will reveal some points of great interest and value. Thus, in the first place, we may gain some suggestions from the size and character of the surface of the ulcer. Lupus ulcerations are always large, with an apparent gain of tissue. They appear as elevations, which are non-vascular and soft, and which are covered with a thick, tenacious grayish or whitish mucus. They are also as-

sociated with the characteristic lupoid cicatrization lines radiating from certain centres—the tell-tales of the earlier ravages of the disease. This is essentially different from the appearance of tubercular ulcerations, which are invariably small in size and very shallow, with no apparent loss of tissue, but without the apparent gain of tissue which characterizes the lupus ulcer. These are likewise covered with a whitish-gray mucus, or more rarely with a thin, dirty-yellow pus. The ulcerations of the atrophic rhinitis are small and shallow, mere abrasions, but are associated with the abnormal spaciousness of the nasal chambers arising from the great atrophy of the nasal mucous membrane, which is *the* characteristic of the disease, and are essentially dry in their nature. Differing from any of the above, the ulcerations of the specific disease are large, ragged, deep and rapidly excavating, and are covered with a profuse, dirty-looking, yellow pus. The characteristic rattling in the nose, which has given rise to the name of “the snuffles,” is also a valuable preceding symptom in these cases.

(4) *Edges*.—The edges of the ulcerations in all the forms are irregular, but in only the specific disease are they inverted, and with this disease, likewise, is associated the characteristic bright-red, glassy areola—the areola of syphilitic ulceration wherever found.

(5) *Crusts*.—The incrustations which form upon the ulcerated surfaces are of value in assisting to some degree in the confirmation of our diagnosis. Thus, in lupus they are broad or flat, somewhat granular, and of a red or reddish-brown color. In

the tubercular form they are also large and dry, but of a true brownish coloration. In the atrophic variety they are large and dry, but their color may range from a gray to a dark-brown or even greenish tint. More distinct and characteristic are the scabs of specific rhinitis. These are large, crater-like, and composed of necrotic tissue, are often bloody, and are usually of a dark-brown or black color.

(6) *Discharge*.—When we come to examine into the nature of the discharge which accompanies these ulcerations, we find that here also we have much to aid us. Thus, in lupus we have but a scanty discharge, which is thin, sero-mucous in nature, usually with no odor attached to it, though at times it may become extremely offensive to the smell. On the other hand, tubercular disease is accompanied by a profuse mucous or muco-purulent discharge of but slight or no odor. Rhinitis atrophica is accompanied by a thick, viscid, scanty, mucous or muco-purulent discharge, which contains numbers of the dry, vari-colored scabs which are dislodged from the

nasal chambers. The odor of this discharge is very peculiar and offensive, musty, or resembling the odor of crushed bed-bugs, which the French describe as *punaisie*. The specific disease is associated with a very profuse, watery, acrid, muco-purulent or purulent discharge, which contains shreds of necrotic tissue, is frequently tinged with blood, and is possessed of a foul, intensely gangrenous odor which is at once very characteristic.

(7) *Deformity*.—There is one other point of great interest attached to the study of these ulcerative conditions, and that is in reference to the effect upon the conformation of the nose—the resultant deformity. Two of the affections, the atrophic and tubercular forms, as a rule, do not result in any visible deformity. In the specific form, however, we have the early flattening of the nasal bridge resulting from the destruction of the nasal bones; while in lupus we have great destruction of the tissues, an eating away of the tip and alæ of the nose. The eroding action often spreads to the lips and cheeks with the production of frightful deformity.

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