

CONTRIBUTION TO THE ETIOLOGY OF BLEEDING TUMOURS OF THE NASAL SEPTUM.

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O—, thirty-four years of age, a teacher, consulted me at the end of December, 1894, on account of frequent and obstinate hæmorrhages from the nose, which had already lasted about a year. On closer investigation I learned that the bleeding always came from the right side of the nose. It was at the beginning neither so profuse nor frequent, but six months previously it began to be very abundant, and recurred twice daily, so that the slightest irritation of the right nostril, by touching with the finger, or simply when blowing the nose, caused not only bleeding, but severe nasal hæmorrhage. Latterly the patient remarked that the right nostril became increasingly obstructed. In consequence of the bleeding the general state began to fail more and more; the patient became emaciated, lost appetite, and the complexion began to pale to the colour of wax. He became nervous to the highest degree.

On examination I found a very bad general state, with unusual pallor of the skin, approaching a shade of earthy yellow. The pallor extended to the mucous membranes. In the internal organs I found no changes; in the nose, however (in the right nostril), only a small passage for the air, and a growth the size of a walnut—soft, very vascular, and bleeding on the slightest touch with the probe or brushing lightly with a solution (ten per cent.) of cocaine. The attachment of the tumour was situated on the nasal septum, at its inferior part, about on a level with the middle turbinated body.

Operation was proposed, to which the patient willingly consented. There was no hæmophilia, as far as I could judge from the patient's history. In spite of that I resolved to use the galvano-caustic snare, very cautiously, in anticipation of hæmorrhage. As the slightest contact with the tumour—even brushing, as I had convinced myself before—caused pretty considerable bleeding, I used for this operation powdered cocaine (fifteen per cent.); then, applying a suitably prepared galvano-caustic snare, which I treated very carefully and slowly—not too strong, and at intervals—I succeeded in removing the growth, or rather its greater part (the size of a small walnut), almost without bleeding, and completely without pain. The remaining part, also the size of a walnut, I removed in the same manner three days later.

The course, after the first and second operations, was excellent; no fever or local inflammation.

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Two days later, on repeated examination, I perfectly convinced myself of the point of attachment (*viz.*, the superior part of the cartilaginous septum, almost on the edge of the osseous part). I thoroughly once more cauterized the site of the tumour, as I feared a relapse—the more so as the microscopical appearance of the growth seemed to me suspicious. The nasal septum after removal of the tumour showed itself considerably deviated. In the middle meatus, in the region of the hiatus semilunaris, on the last examination, I found a very small polypus, the size of a small pea, which had the appearance of a simple myxomatous tumour.

As the patient was obliged to leave, and was exhausted with the previous operations, I abandoned the removal of this small polypus, the more so that it could not produce any disturbance. I prescribed an ointment with resorcin, the so-called nasal baths, with aluminium acetico-tartaricum, and asked him to inform me afterwards of the result of the treatment, and also to return later to Warsaw.

After some months the patient wrote to me that his general state was considerably ameliorated, the obstruction of the nose (right side) cured, and the bleeding had completely ceased.

Expecting an unusual anatomical structure of the growth, I begged Dr. Miklanewski to examine it under the microscope, for which I here thank him most sincerely. The result of his examination is the following: Both surfaces of the growth on section were dark red—almost chocolate colour. Embedded in the usual manner in paraffin, and stained with hæmatoxylin and eosin, or Ehrlich-Biondi's fluids, the sections presented under the microscope principally very numerous vessels, filled with blood. They were much distended, and separated from each other only by thin partitions (*trabeculæ*). The whole growth reminded one very much of the structure of a sponge. Each partition is formed of fibrous tissue, with numerous fusiform cells, and also round ones, especially around the blood vessels. In those places where there were fewer vessels, and where they were less regularly grouped, in one part of the growth, the fibrous tissue contained more cells, nodules of different sizes: long, slightly-coloured, fusiform, larger and smaller, oval, round, etc. In general, their number is much more considerable than in normal stroma. Besides, one meets in many places with considerable agglomerations of them. These places were of an undoubtedly suspicious character, namely, sarcomatous. In the above case we had to deal with an exceedingly rare case, namely, *angioma cavernosum sarcomatoides*. This diagnosis was confirmed by such an authority as Prof. Brodowski, who was kind enough to examine the preparations.

Recently much has been written about the so-called bleeding tumours of the nasal septum (Otto Schadowaldt, Arthur Alexander, Max Scheier, Paul Heymann—all in "*Arch. für Laryng.*," March, 1894, Bands 1 and 2; Lubiner, "*Medicina*," March, 1895).

In most cases they are simple fibromata, with a more or less vascular fibroma telangectoides or angiomatoides; and less frequently the true angiomata (Garel, "*Annales des Mal. de l'Oreille*," Feb., 1893; Jurasz, "*Die Krankheiten der Oberen Luftwege*," etc.). Still more rarely the

so-called cavernous angiomata are observed. Schwäger, from the clinic of Dr. Seifert, Würzburg, wrote an excellent paper, "Ueber Cavernöse Angiome der Nasenschleimhaut" ("Arch. für Laryng.," Jan., 1893), where he described six cases; in all, however, the turbinated bodies were the point of origin of the growth. Cobb ("Brit. Med. and Surg. Journ.," Nov. 23, 1893) and Strazza ("Rev. Int. de Laryng.," March, 1894) described cases of angioma cavernosum of the nasal septum.

But such characters as were observed in our case—namely, cavernous angioma with sarcomatous points—must be regarded as exceedingly rare. Gouguenheim and Hilary ("Annales des Mal. de l'Oreille," April and June, 1893) had observed and operated on two cases of tumours of the nasal septum which a little resembled our case; in one of them Dansac found under the microscope sarcoma telangectoides—in another, endothelial angiosarcoma.

Our case merits notice: (1) Because it was in a man. Lange, Schadowaldt, B. Fraenkel, Heymann, etc., observed cases of angioma cavernosum in women; Scheier also in a man. (2) The growth was not situated on the anterior and inferior part of the cartilaginous septum, on the so-called locus Kiesselbachi, as generally occurs (Schadowaldt, etc.), but at the posterior superior part of the cartilaginous septum in the neighbourhood of the osseous septum. Finally (3), there existed evidence of malignant sarcoma, with a benign (polypus) tumour of the nose, to which, amongst others, Kafemann ("Rev. Int. de Laryng.," Oct., 1893) has drawn attention.

