

Extensive ravages from lupus, with subsequent cicatrization, leaving but one small hole in the face which represents both mouth and nose, and with complete closure of the anterior nasal orifices / by Julian J. Chisholm.

Contributors

Chisolm, Julian John, 1830-1903.
University College, London. Library Services

Publication/Creation

[Chicago] : [publisher not identified], [1882]

Persistent URL

<https://wellcomecollection.org/works/xt6dajwc>

Provider

University College London

License and attribution

This material has been provided by This material has been provided by UCL Library Services. The original may be consulted at UCL (University College London) where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

EXTENSIVE RAVAGES FROM LUPUS, WITH SUBSEQUENT CICATRIZATION, LEAVING BUT ONE SMALL HOLE IN THE FACE WHICH REPRESENTS BOTH MOUTH AND NOSE, AND WITH COMPLETE CLOSURE OF THE ANTERIOR NASAL ORIFICES.

BY

JULIAN J. CHISOLM, M.D.

BALTIMORE, MD.



EXTENSIVE RAVAGES FROM LUPUS, WITH SUBSEQUENT CICATRIZATION, LEAVING BUT ONE SMALL HOLE IN THE FACE WHICH REPRESENTS BOTH MOUTH AND NOSE, AND WITH COMPLETE CLOSURE OF THE ANTERIOR NASAL ORIFICES.

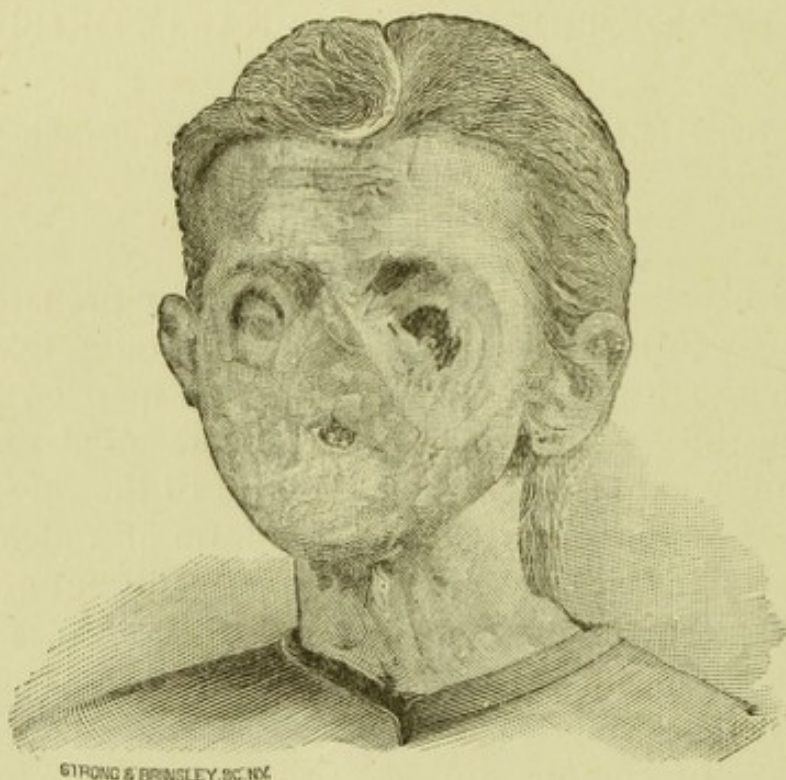
By JULIAN J. CHISOLM, OF BALTIMORE.

(*With wood-cut.*)

THE accompanying wood-cut, carefully prepared from a recently taken photograph, illustrates the extent to which the frightful ravages of lupus may go without destroying life. The eating away of the nasal cartilages, and even the extension of the ulceration to the cheek, is not a very uncommon occurrence in this form of rodent ulcer. The subsequent cicatrization may reduce the anterior nasal orifices to so small an opening, that a full-sized catheter can only be introduced. However small this opening may contract to, it is still most valuable for breathing purposes, and is especially of comfort during mastication. The following case, taken from the records of the Presbyterian Eye and Ear Charity Hospital, is the only one, in my experience, in which the nasal orifices were altogether obliterated, and in which the scarred condition of the entire face indicates that the ulcerated surfaces were not restricted to nose and cheeks, but were only limited by chin and forehead, and extended from ear to ear.

Her sufferings, while undergoing months of ulceration, and three years of an open ulcer before the healing process was completed, no one can calculate. Fortunately for her,

the last twenty-four years of comparative relief from suffering have somewhat effaced from memory her terrible experience. The wreck of a human face nevertheless remains, and a glance at it depicts, in a language vivid enough to frighten, the horrors through which she has passed. Would that a duplicate case of suffering can never be found! No appreciable cause for the inroads of this formidable disease could be discovered. There was no history of inherited syphilis made out, although such a cause may explain more readily the starting-point of the ulceration.



The following history is given by the patient herself:

Mrs. S., aged 51, a native of Maryland, and an inhabitant of the country, was a healthy girl till 15 years of age, when the disease which has produced such frightful disfigurement made its appearance, as a small ulcer in the roof of her mouth. It gave no special discomfort, and was not painful; but proved rebellious to treatment. At times it would nearly heal up; then again, without known cause, would extend its area. Finally it effected a perforation through the hard palate to the nasal cavity. With this perforation

the disease seemed to become quiescent, and for many years gave but little annoyance. In the meantime the girl developed to womanhood, and at the age of 21 was married. As time advanced she became the mother of eight healthy children.

Four years after marriage the edges of the opening in the roof of the mouth began to ulcerate, and steadily, although slowly, enlarged in all directions. By erosion the entire hard palate was destroyed, and with the disappearance of the roof of the mouth the nasal and buccal cavities became one common excavation. The ulcerative process could not have restricted itself to the palate process alone, as she has lost every tooth from both upper and lower jaw. Active medical treatment was instituted, and was changed from time to time when it proved ineffective: but all to no purpose.

The limits of the mucous membrane of the mouth and nose could not restrain the ulcerative process. From the anterior nasal orifices it crept out on the face, and for some months continued its ravages in spite of treatment, eating away the soft parts of the nose and spreading widely over the cheeks, until the whole face, from ear to ear and from forehead to chin, was one huge ulcer. Her appearance when the disease was at its height must have been fearful to behold, and her suffering intense. How far this destructive process would have extended was hard to foresee. Suddenly, after eight months of steady progress, and while she was still undergoing active internal medication, the disease was arrested. To the surprise of her physicians the ulcerative surfaces began to clear off and cicatrization commenced. The healing process continued without interruption for three long years, when the scarring finally became complete. She had then attained the age of 28. From that time the face has shown no disposition to renew the ulceration; and now, after 23 years, and at the age of 51, she still calls herself a healthy woman.

It was anxiety on account of her eyesight that induced her, at this late day, to leave her country home and seek medical advice in Baltimore.

Accustomed to see all kinds of facial deformities the appearance of this horrible face startled me, when for the first time she took off her veil and exposed it to view. It was a hideous mask, without expression; a blank face deprived of features and incapable of exhibiting any emotion whatever. From the forehead to the chin, or I may say even to the throat, and from ear to ear, there

was one extensive cicatrix of alternate ridges and polished surfaces, having in the centre a small round opening which the little finger could completely plug up. This orifice did the work of mouth and nose, and was the only facial inlet for food and air, so that while eating there could be no breathing. This opening could be puckered to closure by sphincter action. When the interior of the mouth was examined, all the palatine tissues were found absent, and nose with mouth formed one common cavity. There was not a tooth in either jaw. The alveolar processes had shrunk away in atrophy. There was no free movement to the jaws on account of the many cicatricial ridges over the cheeks and sides of the face, and possibly in the buccal cavity, into which the finger could not be sufficiently introduced for examination ; yet to a certain extent she could gum her food. For 23 years she has nourished herself through this small facial aperture, even during the child-bearing period, and she is by no means an emaciated person. Her regular weight has been sustained at about 115 pounds. Even now, after so long an interval, the cicatricial skin is drawn tightly over her face, sharply outlining the contour of the shrunk lower jaw. There is no vestige of the anterior nasal orifices ; a smooth cicatrix has completely stopped up the nasal outlet.

All the available skin left on the face, which the ulcerative process had not destroyed, had been required to aid in the completion of the cicatrization. On the right side the upper eyelid is effaced amidst frontal scars, and the lower lid is spread out over the cheek ; the line representing its ciliary border, deprived of lashes, is midway between the eye and the mouth. From long exposure and having no protection, the right cornea has lost all transparency, and is covered with a much-thickened horny epithelium, through which the iris is not visible. From this eye the lachrymal tubes are all closed, and no trace of a secretion of tears exists. There is no cul-de-sac for either right eyelid, a continuous surface without a crease extending from forehead to cheek across the eye-surface of thickened cornea. Notwithstanding 23 years' exposure of this mucous membrane as cuticle, it is still smooth, polished, and soft, indicating both to the eye and to the touch a finer structure than the surrounding skin, so that with closed eyes the finger of the examiner could easily detect the cutaneous from the mucous surface.

On the left side, although the lower lid was absorbed in the

covering of the cheek, there is a thickened fold of skin at the outer and upper portion of the orbit, under which the left eyeball can be rolled for safety, and can be partially concealed. The upper two-thirds of this cornea have remained transparent, and give her the sight which she enjoys. There is no visible lachrymal secretion on this left side either, and the nasal duct is quite obliterated as far as any visible opening upon the lids is concerned, yet there must be some moisture about the eye to keep the cornea clear. It is the fear that this, her only useful eye, is in jeopardy, and that blindness is to be added to her other trials, that has brought her to the city for consultation.

Conservative surgery promises much for this face ; if not to remove deformities at least to increase her comforts and to protect her from threatened troubles. The oral orifice can easily be enlarged to facilitate the taking of food, and a nasal opening can be established through which she can carry on respiration while the mouth is closed for retaining food in the buccal cavity. There is also good ground for believing that the lids may be replaced in their normal relations to the eyeballs, and that the exposed surfaces, occasioned by this removal, can be covered by skin-grafting. These various operations would protect the eye, facilitate breathing, and also the taking of food. They have been explained to her, and she has them under advisement.



