

A case of cavernous papilloma of the vocal band / by Franklin H. Hooper.

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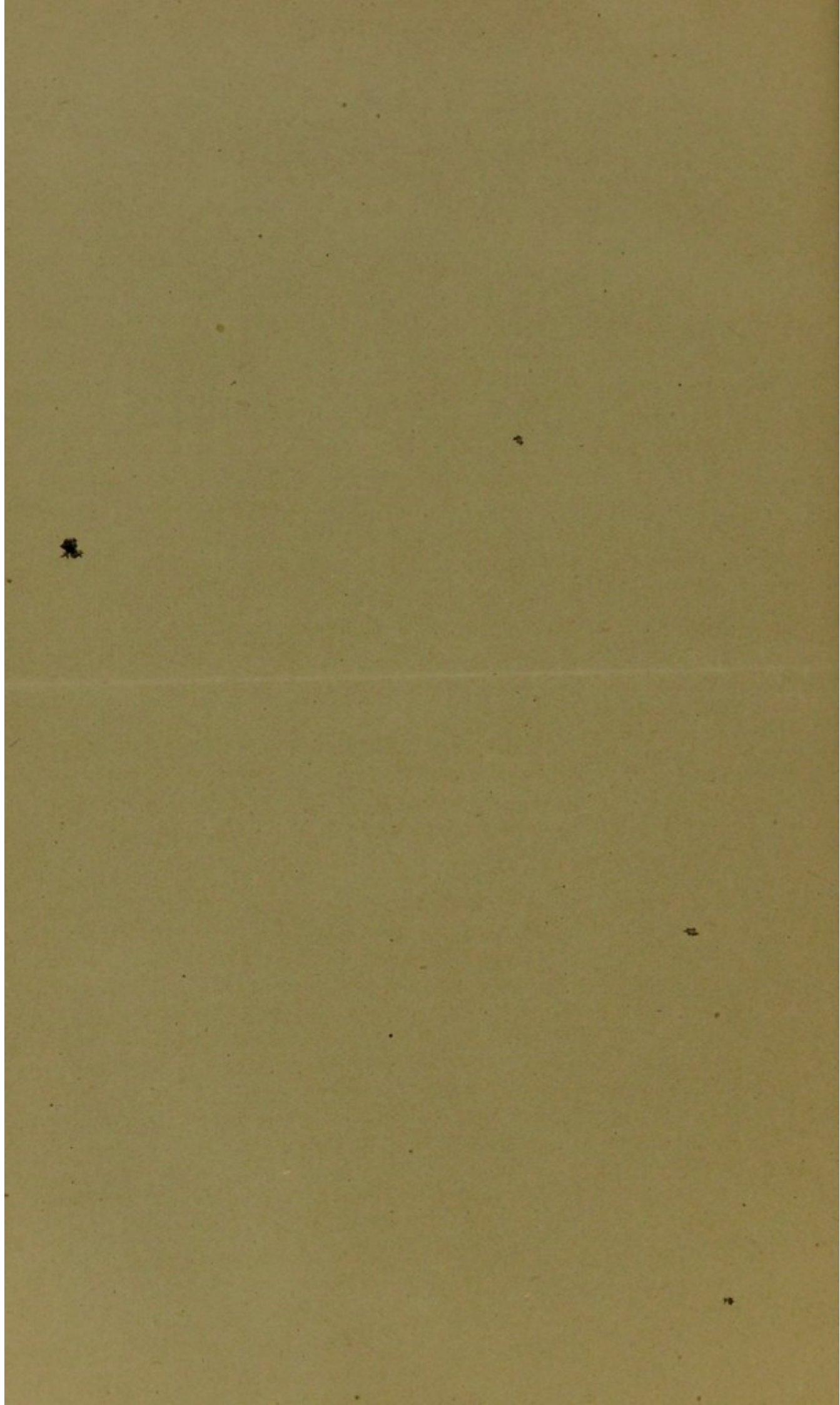
A Case of Cavernous Papilloma
of the Vocal Band.

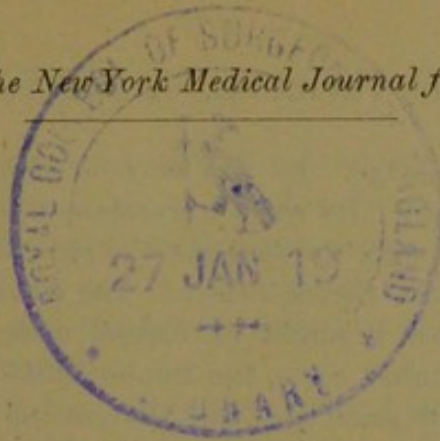
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A CASE OF
CAVERNOUS PAPILLOMA OF THE VOCAL BAND.*

By FRANKLIN H. HOOPER, M. D.

BOSTON.

THE features of this case, which seem to me of sufficient interest to warrant its being reported, are: 1. That, histologically, the tumor differs from any recorded case of intra-laryngeal growth. 2. That, although the diagnosis of "cyst containing blood" was justifiable from the appearances on laryngoscopic examination, in the clinical aspects of the case there were notable differences from those instances of laryngeal cysts and angiomata with which we are familiar through the writings of Moure, Cervesato, Tobold, Fauvel, Elsberg, and others. 3. The rather unusual and unexpected, but happy, termination of the disease.

The patient was first seen by Dr. Knight, November 22, 1882, at which time he refused to submit to any operative measures. Returning in the summer of 1883, at a moment when Dr. Knight was compelled to leave the city, he was referred to me for treatment. The history is as follows:

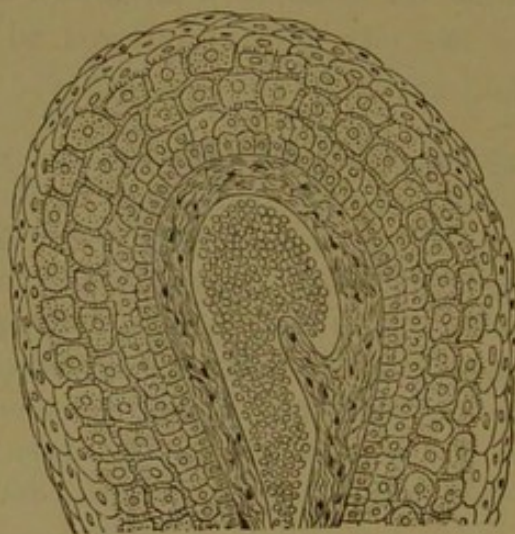
T. G. C., a clergyman, thirty-two years of age, of nervous, energetic temperament, has always enjoyed good health, with the exception of his present trouble, which began in September, 1882, from taking a severe cold, accompanied by hoarseness. The symptoms of the cold lasted about three weeks, but the hoarseness has remained to the present time (August 1, 1883), causing him so great annoyance and distress that he had about made up his mind that it would be necessary for him to abandon his profession. Apart from the hoarseness, there has been no symptom referable to the larynx other than a disposition to continually "scrape" it, and it seemed as if, by an extra effort, he might remove the source of the trouble.

Examination with the laryngoscope revealed a small nodular, sessile growth, situated on the anterior third of the left vocal band, and pro-

* Read before the American Laryngological Association, May 13, 1884.

jecting from its free edge. Its size may be compared to a No. 7 shot ($\frac{1}{100}$ inch in diameter). Its walls were smooth, of a pale-yellow color, and, when examined with the sunlight, the red color of the blood within could be distinctly seen through them. The situation and shape of the growth suggested that it might be classed under the head of "cystic tumor"; but its peculiar color, the impossibility of applying the probe test on account of its small size, and the general appearances, so unlike the descriptions of angiomata, rendered the diagnosis as to its real nature somewhat doubtful. It was surmised, however, that the primary cause had been either a dilated or perhaps a ruptured capillary, the blood becoming subsequently encapsuled.

At the patient's second visit Fauvel's forceps was passed into the larynx, and borne well against the left vocal band. No attempt was made to open the forceps while in the larynx, the object of the procedure being principally to test the patient's tolerance of the instrument, and with but the faintest hope that it might make some impression on the tumor. On removing the forceps, it was with considerable surprise to myself, as well as gratification to the patient, that the growth was seen floating in the tumbler of water in which the instrument had been placed. The hoarseness had disappeared, and the voice was immediately restored. The growth had been knocked off close to its attachment to the vocal band, and had luckily adhered to the end of the instrument, together with a certain quantity of mucus. The hæmorrhage was insignificant, amounting merely to a single drop of blood. The growth was firm to the touch, and retained its globular form. It was handed to Dr. W. W. Gannett, pathologist to the City Hospital, for examination, and the subjoined report and drawing of the microscopical appearances were kindly furnished by him.



CAVERNOUS PAPILOMA.

"The above is a diagram of a section vertically through the tumor of the larynx, left a few days ago. The outer covering is a many-layered, flat epithelium, showing dentate cells. Next is a rather loose connective-

tissue wall, forming on its outer portion a basis for the epithelial cells, and on its inner surface the lining of a rather irregular cavity, with projections from the wall into the cavity, these representing, probably, trabeculæ which had been cut across. The cavity itself is filled with red-blood corpuscles. The wall has not the structure of a *vessel* proper, but is rather a cavernous tissue.

“My opinion is that it was a cavernous tissue from the start, and does not represent a dilated blood-vessel.

“I do not remember to have seen such a tumor before, but should think the term *Cavernous Papilloma* justifiable.”

[Signed]

W. W. GANNETT.

The patient was advised to abstain from preaching, and to allow the larynx as complete rest as possible for at least one month, but no special treatment was directed to the seat of the growth, and the day following its removal he left the city for his home in a neighboring State. There has been no recurrence. In a letter received April 10, 1884, he writes, in answer to my question, that he has “held special meetings six weeks in succession, talked or preached every night, and throat as good as new.”

The only recorded case which bears any resemblance histologically to the one under consideration is described by Fauvel* as a “papillary polyp, with very pronounced vascular dilatations, making it resemble an angioma,” which rather meager account is all that is given of its minute structure.

Dr. Fauvel’s patient was a man, twenty-eight years of age, who for two years had been troubled with a progressive hoarseness. The tumor, of the size of a pea, rounded and smooth, was situated on the free edge of the right vocal band, and had a broad attachment. It was of a peculiar blackish color. Many attempts were made to remove the growth, but with no result except to bruise it, as it would glide from between the blades of the forceps each time it was grasped. Dr. Fauvel suggests that the cavities which were filled with blood may perhaps be accounted for by these manipulations which forcibly compressed the tumor. It was finally removed by evulsion, the hæmorrhage being more than usually abundant. No recurrence took place.

* “*Traité pratique des maladies du larynx*,” Paris, 1876, p. 522.

