

A case of excision of both upper jaws, of both malars, of both palatines, of both nasals ... and of a portion of the pterygoid process of the sphenoid for the removal of a recurrent osteochondroma / A.C. Bernays.

Contributors

Bernays, Augustus Charles, 1854-1907.
Royal College of Surgeons of England

Publication/Creation

New York, NY : The Publishers' Printing Company, 1896.

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A Case of Excision of Both Upper Jaws, of Both Malars, of Both Palatines, of Both Nasals, of Both Inferior Turbinated, of the Ethmoid, of the Vomer, of the Left Lachrymal, and of a Portion of the Pterygoid Process of the Sphenoid for the Removal of a Recurrent Osteochondroma.

BY

A. C. BERNAYS, A.M., M.D., M.R.C.S. ENG.,

Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine in St. Louis, Mo.

Reprint from the MEDICAL RECORD, *March 28, 1896*

NEW YORK

THE PUBLISHERS' PRINTING COMPANY

132, 134, 136 WEST FOURTEENTH STREET

1896



A CASE OF EXCISION OF BOTH UPPER
JAWS, OF BOTH MALARS, OF BOTH
PALATINES, OF BOTH NASALS, OF BOTH
INFERIOR TURBINATED, OF THE ETH-
MOID, OF THE VOMER, OF THE LEFT
LACHRYMAL, AND OF A PORTION OF
THE PTERYGOID PROCESS OF THE
SPHENOID FOR THE REMOVAL OF A RE-
CURRENT OSTEOCHONDROMA.

By A. C. BERNAYS, A.M., M.D., M.R.C.S. ENG.,

PROFESSOR OF ANATOMY AND CLINICAL SURGERY AT THE MARION-SIMS
COLLEGE OF MEDICINE IN ST. LOUIS, MO.

I AM about to record the most extensive surgical operation on the face that I have ever performed. The literature of surgery does not show a similar one, and I report it because it is of great interest in demonstrating the wonderful tolerance which is shown by the organism against the most severe and mutilating operations performed on the bones and tissues of the face, and also to encourage surgical interference in malignant disease in this region by this example of great relief given in a most aggravated instance.

In nearly twenty years of surgical practice I have operated on forty-one cases of tumors of the superior maxillary bones requiring total excision of this bone. In a few cases, the orbital plate was left and in some others more than the superior maxilla was removed. In three cases, including the one I am about to describe, both superior maxillaries were removed. Cases of epulis and small tumors of the alveolar process are not considered in this report. I have known some

very small ones involving nothing but the gums and the alveolar process to give rise to enormous growths, if the primary operation was followed by a return. I desire to consider in this report the surgery of those only which necessitate extensive excisions and resections. Of the forty-one cases thirty-six were of malignant tumors, twenty were certainly carcinomata, twelve were sarcomata, and four were of such a structure that I was left in doubt after examining the sections. This was particularly the case with one tumor, a melanoma, which was remarkable for being so thoroughly infiltrated with pigment that a structure could not be made out at all in many places. Even the submaxillary glands in this case were so black and so friable when hardened that a structure could not be made out.

There were two deaths following operation, one a death upon the operating-table. In that case the tumor had pushed the eyeball entirely out of the orbit and the mass was found to extend into the cranial cavity, having grown through the horizontal plate of the ethmoid. The other was death from shock about twenty-four hours after the operation.

In these malignant cases the final results were very different. In some few there was immediate recurrence; in others a long period of health was followed by recurrence or metastasis; in one-third, twelve cases, there was no recurrence for more than two years and these may be safely considered cured.

Of the five benign tumors two were large osteomata, one a fibroma, one a cystic odontoma, and one a hyaline enchondroma. All of these made permanent recoveries.

History of the Case.—M. S——, thirty-two years of age, married, farmer, was sent to me from Oswego, Kan., by his physician, Dr. George S. Liggett, and arrived in St. Louis July 6, 1892. I sent him to the City Hospital and he was kept under observation there for

eleven days before I performed the operation. Photographs were taken of him and two views are presented with this paper, Figs. 1 and 2, which were taken before the operation, and also a photograph, Fig. 3, taken after his recovery. Dr. H. H. Born and Dr.

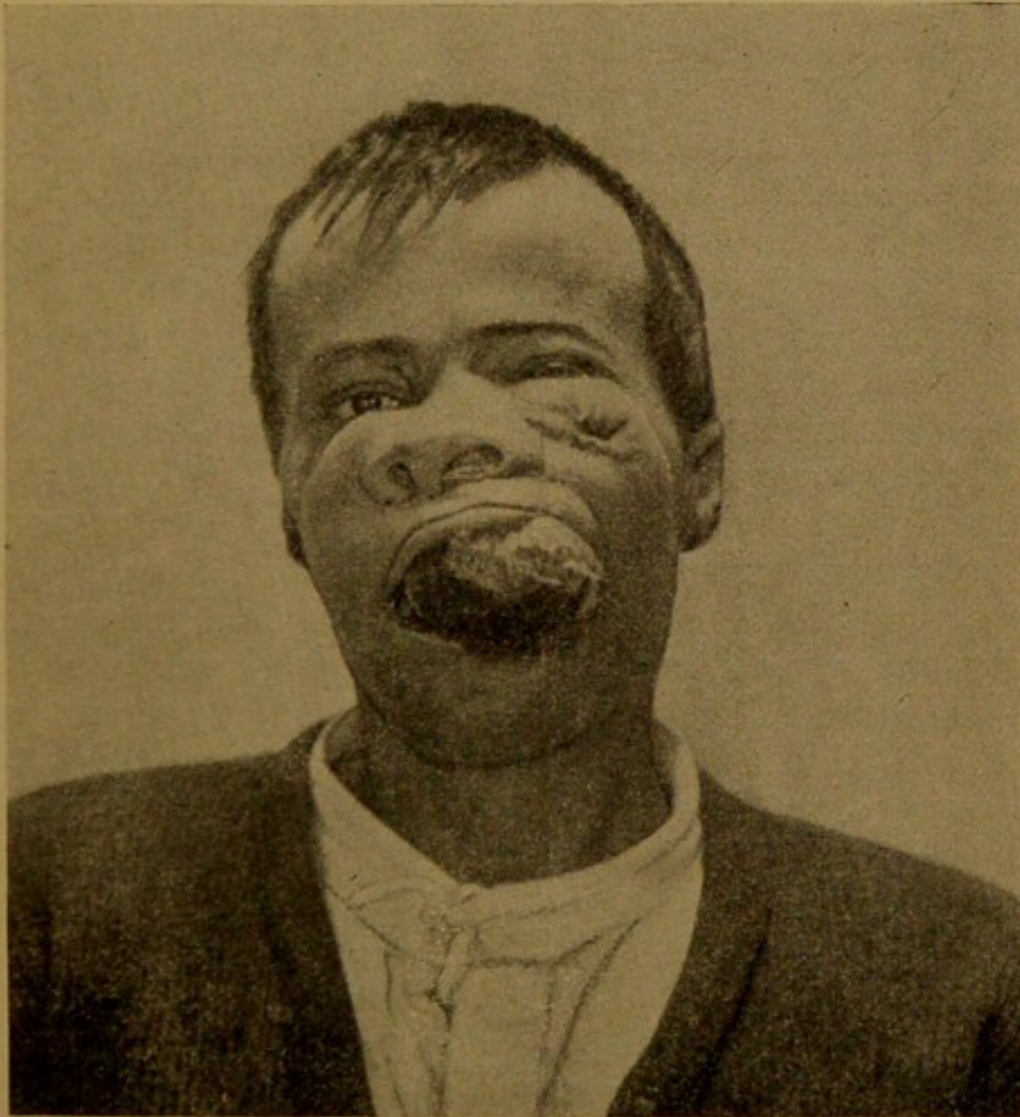


FIG. 1.—Front View.

John Stack, the two senior assistants at the hospital, rendered most valuable services in this case. This history is from notes taken by Dr. Born.

There was no history in the family of any abnormal growth in any of its members. Patient had no ailment of any kind, had devoted himself to farming,

had always been robust and healthy. His habits had been very good, his hygienic surroundings of the best; he drank and smoked but very little.

About April, 1891, the patient noticed an abnormal growth of the upper jaw, which growth gradually began to protrude from the mouth under the upper lip. When he first realized the seriousness of the affection the growth was about the size of a pigeon's egg. It was operated on in Kansas for the first time in June, 1891, and is said to have then been of the size of a small orange, diameter about two and a half inches. The operation had for its object simply the removal of the tumor by excision. By December, 1891, it had again reached its former size. It was removed a second time, the operation being similar to the first one. The growth began to return and in about four months had reached the size shown in Figs. 1 and 2, which are from photographs taken in the hospital in the month of July, 1892. The large tumor involved nearly the whole face, including the superior maxillaries, the palate, the nose, the malars, and all the soft parts surrounding these bones. The growth was somewhat larger upon the left side than upon the right. Protruding and filling nearly the whole oral cavity was a large tumor, dense in structure, very slightly movable, and somewhat elastic, with a hard coating of dried purulent discharge.

The operation was performed, July 17, 1892, in the following manner:

Tracheotomy was performed below the isthmus of the thyroid gland; the patient was chloroformed thereafter by means of the Trendelenburg apparatus. A large sponge with a ligature was then pushed back over the tongue and packed into the pharynx in order to prevent the entrance of blood into the larynx and œsophagus.

The first incision was made beginning at the right angle of the mouth and extending three inches out-

ward and upward in the direction of the zygomaticus major muscle to the malar bone. All the tissues were then dissected away from the bones and from the tumor on the right side of the face as high as the external angle of the eyelids. The tissues in the orbit were

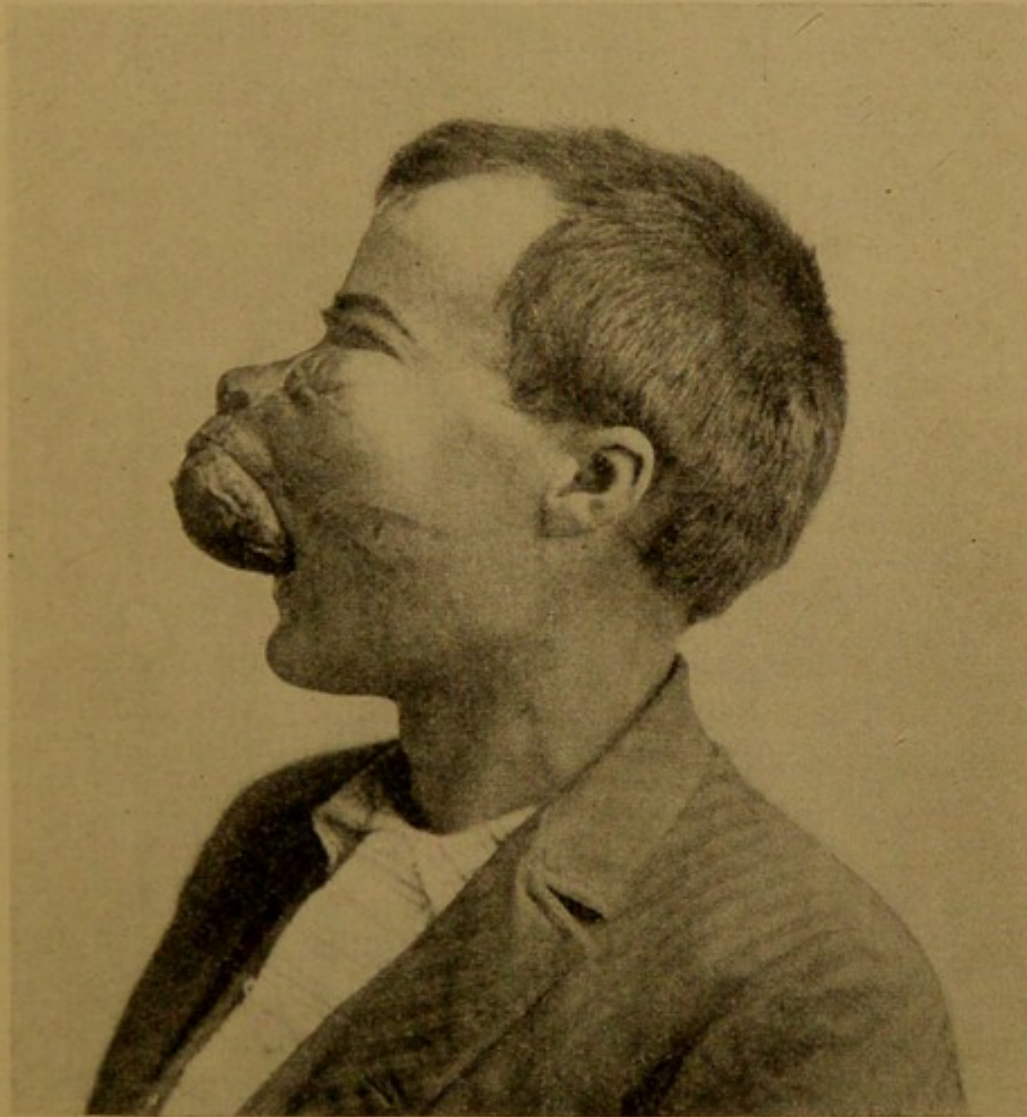


FIG. 2.—Side View.

then separated by means of a Langenbeck periosteal elevator from their attachment to the floor of the orbit.

Next the diseased skin of an area of more than two square inches was removed from over the left superior maxillary bone. An incision near the left angle of the mouth, beginning in the wound of the cheek,

was then made through the upper lip. The nose and the remaining skin on the right side were then separated from their attachments to the bone and the tumor. The contents of the orbit on the left side were freed from the floor of the cavity just as they had been on the right side, care being taken not to injure the eyeball.

Both malars were separated from the frontal with the strongest bone forceps, the two nasals from the frontal, and with the chisel the pterygoid process of the sphenoid was broken off. The whole mass was then rolled out over the frontal region and this extirpation or evulsion of the whole mass did not give rise to any serious hemorrhage. The perpendicular laminæ of the ethmoid and of the vomer, parts of the lateral masses of the ethmoid, and the lachrymal bone of the left side, were included in the mass, which was now removed by snipping off resisting spiculæ of bone and mucous membrane of the naso-pharynx. On the right side a portion of the malar and external wall of the antrum were left, because they were clearly free from the growth. All irregularities of tissue and all suspicious shreds were now trimmed off with scissors, leaving in the end a clean, enormous cavity, which was dusted with iodoform powder and temporarily packed with gauze.

The flaps of Schneiderian membrane hanging down from the horizontal plate of the ethmoid and the mucous membrane of the roof of the pharynx and naso-pharynx were stitched together with fine silk sutures. The flaps of skin of the cheeks, nose, and upper lip were replaced and carefully stitched together with numerous sutures (see Fig. 3).

The whole upper face cavity was now filled with iodoform gauze, the ends of the strips being allowed to project through the nostrils, which formed good drain holes in the veil of skin which hung down like a mask from the forehead and orbits. The tumor which protruded from the mouth appeared to be car-

tilaginous. The left antrum was one solid mass of bone which protruded into the nasal cavity and had caused displacement and erosion of the vomer and septum of the nose. The teeth were loose in their

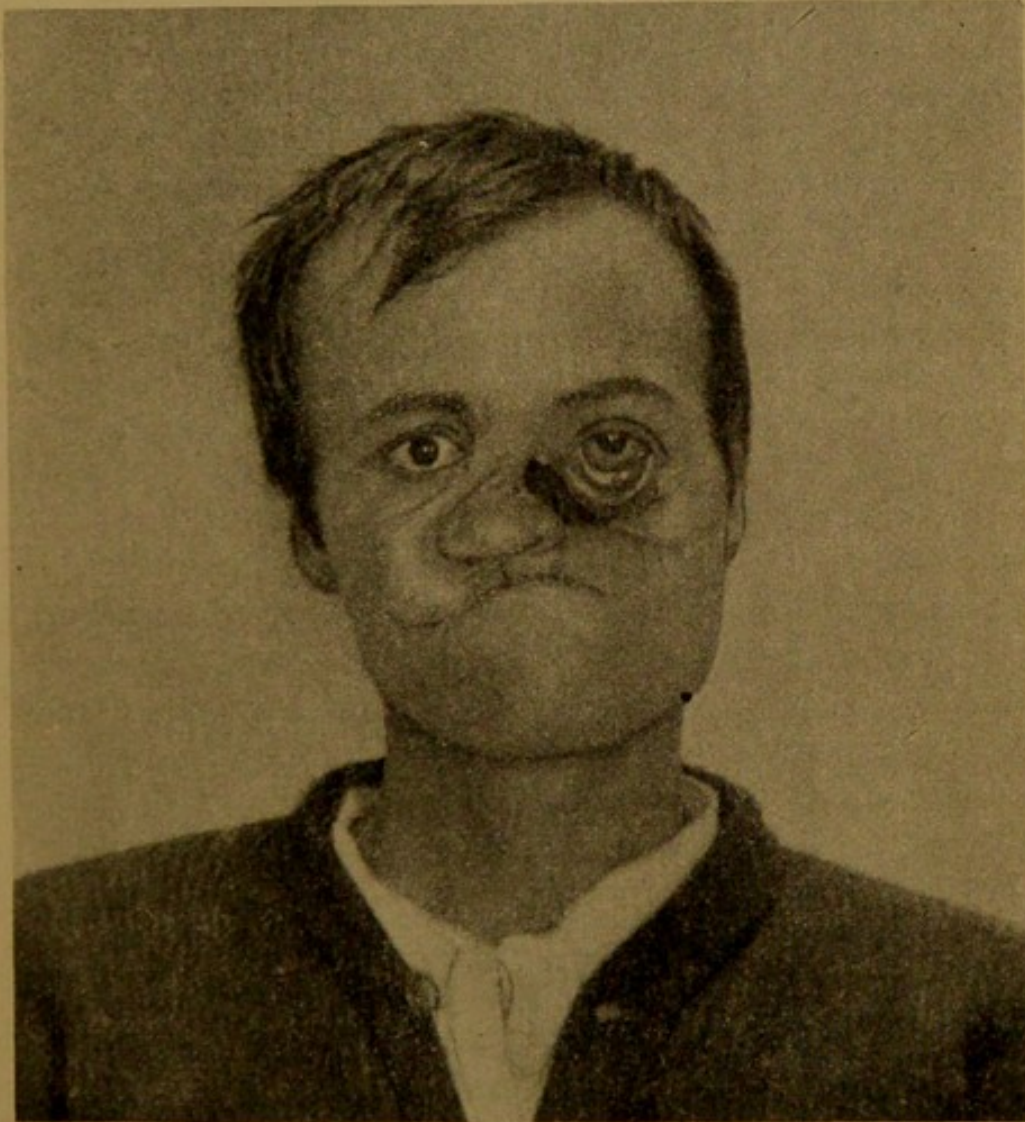


FIG. 3.—After Operation.

sockets and their roots were surrounded by a pulpy cartilaginous growth.

The after-treatment was very troublesome. Patient was fed through a stomach tube for forty-eight hours, and after that he was fed through a pharynx tube for a long time, until he learned to eat and drink after a fashion peculiar to himself.

The patient gained rapidly in health and strength. He expressed himself as exceedingly thankful and was no doubt much pleased at the result. I think that his improvement and satisfaction were largely due to the removal of the offensive and disfiguring mass. Fig. 3 shows him to be anything but a thing of beauty and it is by far the best view that could be given of him. A profile would show a deep and "aching void" where the projection of the face ought to be.

Patient had fully recovered and left the hospital August 22d. "The wound on left cheek is open and will require a plastic operation" are the last words in the hospital record on the day of his dismissal. May 15, 1893, ten months after the operation, word was received at the hospital that the "cancer was returning."

I received several letters from the patient during the six months following his departure, in all of which he maintained that he was well and refused on account of lack of funds to return for the plastic operation. Dr. Liggett wrote me about a year after his return home that there was a recurrence and has since told me that the patient died in 1894, but I could get no further details of the termination of the case.

That this operation, formidable and mutilating as it no doubt was, conferred great benefit upon the patient and prolonged his life, will be admitted by every surgeon. Furthermore, that no kind of "toxins" or "cancer serum" could cause the absorption of bone and cartilage will probably be admitted also by even the most sanguine and hopeful of the promoters of the serum therapy of malignant tumor.

St. Louis, February 16, 1896.



