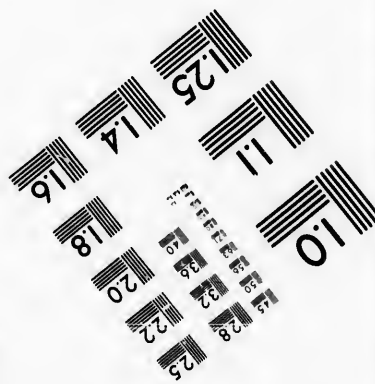
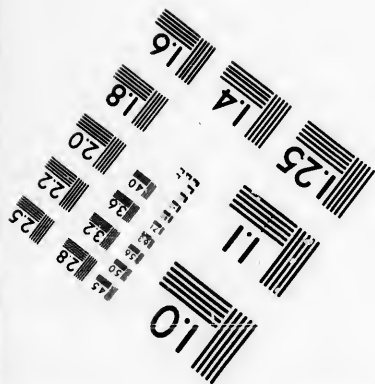
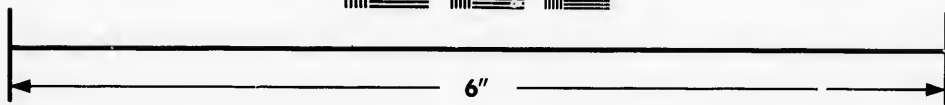
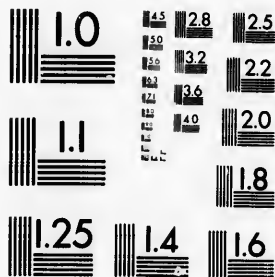


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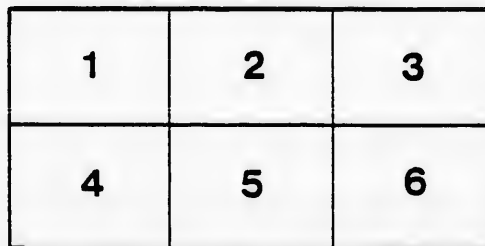
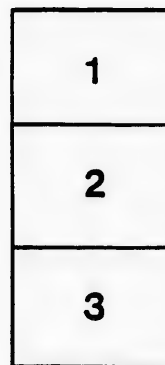
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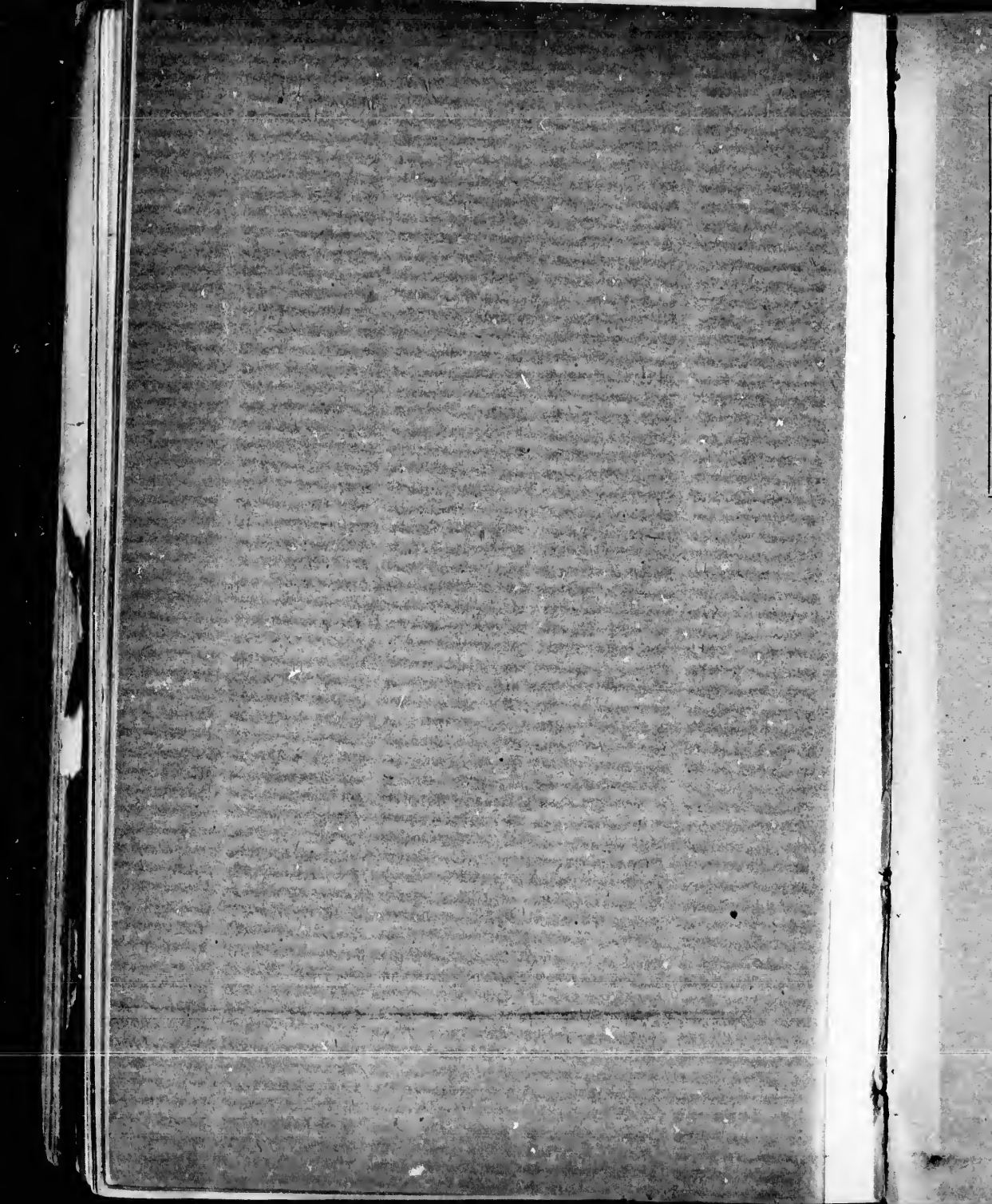
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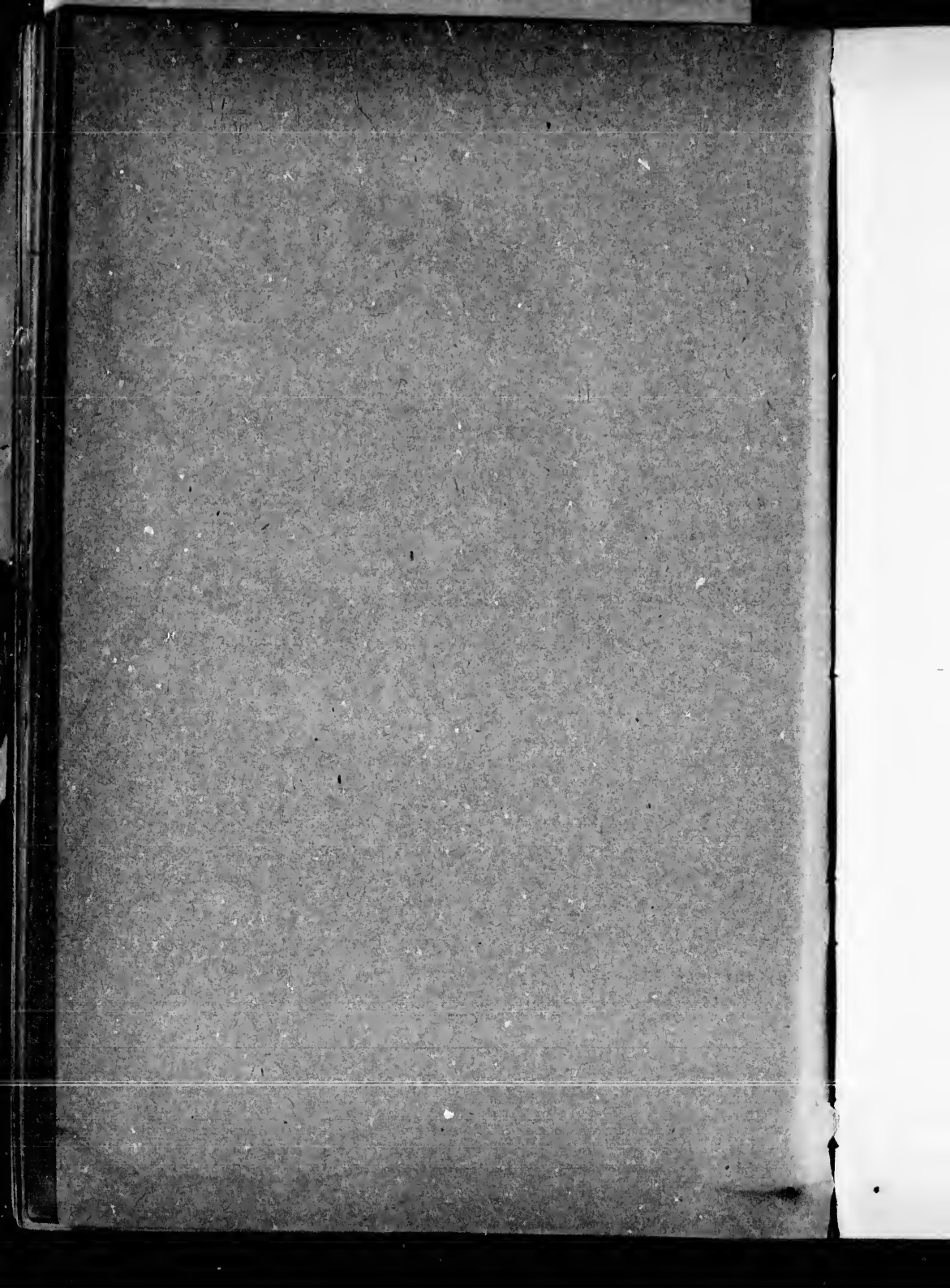
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A STRANGE CASE OF GRANU-
LOMA OF THE FACE AND
EXTREMITIES.

BY

FRANCIS J SHEPHERD, M.D., C.M.,
Senior Surgeon to the Montreal General Hospital, and
Lecturer on Diseases of the Skin in
McGill University.

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A STRANGE CASE OF GRANULOMA OF THE FACE AND EXTREMITIES.¹

By FRANCIS J. SHEPHERD, M.D., C.M.,

Senior Surgeon to the Montreal General Hospital, and Lecturer on Diseases of the Skin in McGill University.

IN September, 1897, a remarkable case of skin disease came under my care, the exact diagnosis of which I am not prepared at the present time to make, but I should like to get the opinion of members of this Association on the case, and exhibit the photographs taken when first seen and four months after.

CASE.—Mrs. Fred. C., æt. twenty-eight, a spare, nervous-looking woman, is a native of Canada. Has been married three years and her first child was born six and a half months ago. Never has had any miscarriages. Child strong and perfectly healthy. Up to the birth of her child has always enjoyed good health. A week or two after the child was born, two little lumps appeared on the left side of the face; they gradually grew larger, became painful, and felt “as if they were going to break.” One lump was situated over the prominence of the cheek-bone, and the other, of smaller size, a little lower down. Some small openings appeared in the lumps, which were flat on top, and out of these openings oozed a yellowish matter. Soon after, a similar spot or lump appeared on the middle of the outer surface of the right leg. This lump underwent the same changes as those on the face. A little later the lumps on the face became excavated and discharged a foul-smelling, thin, sero-sanguineous fluid; the upper lump on the face grew faster than the lower one and spread to the lower eyelid, which, up to a short time before my seeing her, had been quite normal. The two lumps now touched one another, but no fusion existed. I first saw her on September 21, 1897; at that time she had a large growth extending from the inner canthus of the left eye to the prominence of the right cheek, and extending downward to the level of a line passing through the nostrils; below this and a little above the angle of the mouth was a second growth, looking like a young mushroom, or a round button. Both growths were raised about three-eighths of an inch above the surface of the skin. Both growths had rather a spongy feeling when pressed and were of a pinkish color; the upper surface had a crateriform appearance, the excavation having overhanging edges, and exuding from these was a thin, sanious, foul-smelling discharge; along the under edges of the growths, a thick, cheesy, white substance like sebum

¹ Read before American Dermatological Association, June, 1898.

could be expressed. The growths were quite painful when pressed, but otherwise gave rise to no discomfort. (Fig. 1).

On the right leg near the middle of its outer surface was another tumor, the size of a 50-cent piece, not so much raised from the skin, in character much the same as the growth on the face. (Fig. 2). That this one was flatter and less raised from the skin might be due to the fact that this leg was constantly bandaged. All the lesions were at times very itchy. At no time, however, were any erythematous or urticarious lesions to be seen. A portion was cut out from the lower tumor for purposes of examination, and the following report on the specimen was made by Dr. Bradley and concurred in by Drs. Adami and Wyatt Johnston: "No special micro-organisms were discovered in connection with

FIG. 1.



the growth, and no tubercle bacilli were found. Sections from a small piece cut from the excised mass, hardened in formaldehyd, frozen, cut, and stained with alum carmine show the papillæ to be increased in size and occupied by a reticulum of very fine connective tissue, the meshes of which are filled with small, nearly round, or ovoid mononuclear cells, the appearance being lymphomatous. The specimens were too small to show the internal limit of the cell infiltration. These cell masses do not seem inflammatory, as there is an absence of blood-vessels, extravasated red blood corpuscles, and increase in the fibrous tissue in the neighborhood, nor have these masses the vascular appearance of a sarcoma. The epithelium capping the papillæ is thickened, the cells appearing unhealthy, the nucleus not staining deeply, hyaloplasm more or

less granular. The increase in the size of the papillæ seems to throw the papillæ into folds."

After keeping the patient for some days under observation I decided to apply locally a strong mercurial ointment, this seeming to allay the irritation and to sweeten the discharge. She decided to go home, promising to let me know from time to time how she progressed. After some two months she wrote me that she was very much improved, that the tumors were diminishing in size, and had ceased discharging. On January 11th, about three and one-half months after being first seen, she

FIG. 2.



came to town again. All the tumors had disappeared completely, leaving well-marked scars, showing considerable loss of tissue. The scar had pulled down the eyelid of the affected side so as to produce a very severe ectropion. The scar on the leg was attended by much less loss of tissue, but all were colored dark-red. The patient was in excellent health, had gained flesh, and was only now troubled by the ectropion. She had faithfully used the mercurial ointment.

The nature of the disease has puzzled me considerably. At one time I thought it might be a mycosis fungoides, but further study of the case

and a careful microscopic examination, with the limitations of the lesions, the absence of a premycotic stage, and the slow progress of the disease corrected this diagnosis. It had not the character of a specific gumma, and besides, there were no other evidences of syphilis, and the husband and child were perfectly healthy. Sarcoma was thought of, but the clinical history and the microscopical examination soon dismissed this suggestion from my mind. The microscopical examination would lead me to believe that the growths were due to some infection of a granulomatous character. That it was infective was inferred from the occurrence of the lesion of the leg, and the fact that a germicide ointment like the one applied had the effect of completely removing the disease, I now lean to the opinion that the case is one of infective granuloma. The great destruction of tissue is interesting and unlike what is seen in mycosis.

Since the above was written the patient has again come under my care (May 9th). The scars on the face and leg are smaller and whiter; she has lost much flesh since I saw her last January.

She now comes for disease of the knee-joint. The joint is swollen, red, and inflamed, and on the inner side are three fistulous openings, discharging a red, grumous material. The patella is freely moveable, and there is also considerable mobility of the joint, without much pain. The discharges were subjected to direct microscopical examination and cultures were taken, with negative results. No tubercle bacilli were found. The rapid course of the disease, with but little elevation of temperature and comparative painlessness, is rather against the case being one of a tuberculous nature, but the injection of tuberculin produced a decided reaction. She has another swelling a little below the left trochanter major, which is apparently subcutaneous and the size of a small hen's egg; this, also, discharges a similar reddish, grumous substance like that which is seen to come from the knee. Since entering the hospital her general condition has much improved. The question now arises, is there any connection between the original disease and the present condition? Is this case sarcomatous in its nature, one of so-called sarcoid tumor linking granulomata with sarcomata?

NOTE.—July 8, 1898. The patient went home a couple of weeks ago and I have not heard from her since, but before leaving her knee-joint improved so much that she was walking about without pain and the tumor over the trochanter had disappeared, the fistulous opening having closed, leaving a depressed scar. Some time before the fistulous opening closed some of the tissue was excised and guinea-pigs inoculated with it, without result. They thrive and grew fat after it, and on being killed showed no signs of any tuberculosis.

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