C A S E
OF A
MUCOUS CYST ON THE LARYNGEAL
ASPECT OF THE EPIGLOTTIS;

SUCCESSFULLY TREATED BY INCISION.

BY
ARTHUR E. DURHAM, F.R.C.S.,
ASSISTANT-SURGEON TO, AND LECTURER ON ANATOMY AT, GUY'S HOSPITAL.

COMMUNICATED BY
JOHN BIRKETT, HON. SEC.

Received Oct. 31st.—Read Nov. 10th, 1863.

THE following case is, as far as I have been able to ascertain, unique; and I trust it may be thought sufficiently interesting to merit for a few minutes the attention of the Fellows of the Royal Medical and Chirurgical Society.

J— H—, a delicate but very intelligent boy, æt. 11, was admitted into Clinical Ward, Guy's Hospital, under the care of Dr. Wilks, on the 10th of June, 1863. Two years previously he had suffered from a severe attack of sore-throat, and ever since had experienced more or less difficulty in swallowing. This difficulty had become very much greater during the last three months; during the same period his voice had gradually altered, becoming first more and more hoarse, and afterwards more and more feeble; he had also suffered from repeated attacks of severe dyspnœa, which came on most frequently, but not always, during sleep.

On admission, he complained of considerable pain, increased by pressure, about the larynx; he could only speak in a low, hoarse whisper; he had a dull, croupy cough; he could only swallow fluids with difficulty, and solids seemed, he said, to stick in his throat.

Three or four nights after admission he had so severe an attack of dyspnœa that tracheotomy was upon the point of being performed; but the operation was delayed, at the express desire of Dr. Wilks, until a thorough laryngoscopic examination could be made; and the patient was carefully watched during the night.

The following morning (15th) I was requested by Dr. Wilks to examine the patient with him, by means of the laryngoscope. I did so, and found that the epiglottis was not to be seen in its ordinary form; but instead of it there appeared a large round swelling, projecting downwards and backwards, and completely covering in and concealing the glottis. On either side of the posterior part of this tumour the aryteno-epiglottidean folds could be seen—pale, swollen, and apparently cedematous. The tumour could be just reached by the finger: it was pale, somewhat translucent, and on digital examination very tense. Feeling certain that it contained fluid, I proposed to make a free incision into it, and (Dr. Wilks fully assenting) I proceeded at once to do so by means of a long, curved, sharp-pointed bistoury, defended to within three-quarters of an inch of the point by sticking-plaister. My incision was followed by a sudden gush of thick, glairy, muco-purulent matter, mixed with a little blood. Momentary dyspnœa, arising from spasm of the glottis, followed; but this very speedily subsided, and all the symptoms from which the patient had so severely suffered were at once relieved: he could breathe better, speak better, swallow better; and in the evening he was singing in his bed.

The matter discharged from the tumour (which was evidently a mucous cyst) resembled exactly the contents of a ranula beginning to suppurate. It consisted of thick, glairy mucus, with epithelial-cells and a few pus corpuscles.

The presence of the pus showed the existence of inflammation ; and this condition was also indicated by the œdema of the surrounding parts, the pain, and the general aggravation of symptoms.

Day by day, after the operation, the patient improved in health, and the parts recovered their normal condition. I made repeated laryngoscopical examinations, and was interested to watch the subsidence of the œdema in the surrounding parts, and the filling up and healing of the wound I had made.

The boy remained in the hospital, on another account altogether, until the middle of August, when he left quite well in every respect. I saw and examined him on the 3rd of October. He was perfectly well, but I succeeded in discovering a trace of the cicatrix of my incision on the lower part of the posterior (*i. e.* laryngeal) surface of the epiglottis.