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The Mid-line Syndrome

G.

Russel

From the E.N.T. Department of the University at Nijmegen (Head: Prof. Dr. W. F. B. Brinkman)

Author's address: Dr. G. Russel, E. N.T. Department of the R. K. University, Nijmegen (Netherlands)

From clinical and pathological-anatomical examinations a diagnosis of Mid-line Syndrome was made on two patients who presented themselves at our clinic within a period of two months (16-II-'59 to 13-I-'60). The patients were both male, aged 66 and 22, respectively. The elder patient, v. R., had had nose complaints for quite a time for which he had been treated elsewhere with maxillary washings and a resection of the septum nasi. After he had been taken into the clinic a necrotizing granuloma was discovered locally in the right nasal fossa; his condition was not very good and a serious emanation was very striking. The tumor originated from the right sinus maxillaris, penetrated by perforation into the nose and under the lip through the gingiva. The pathological-anatomical diagnosis after a sample excision was granuloma gangrenescens (type Stewart) on account of necrotizing granulomatous tissue with epithelioid cells, eosinophile cells and histiocyti without giant cells. From day to day the tumor extended, accompanied by an enormous decay of tissue. The patient's condition rapidly deteriorated and the temperature curve showed the septic type. Further internal examination showed no other irregularities: there was absolutely normal functioning of the kidneys, among other things. Sedim. Rate 35–70 mm. Bacterio-logic test: a coagulasis positive streptococcus aureus could be cultivated. No indications for a specific process were found. Antibiotic therapy together with 45 mg. prednisone p.d. had no result. After raising the dose of prednisone to 400 mg. p.d. the condition quickly improved. The local process came to a halt and a complete severance; the general condition improved and the temperature became normal. Sedim. Rate: 10 mm. Finally the patient could be maintained on a daily dose of 100 mg. prednisone p.d. and 2 g. chloramphenicol.

After five weeks of being in an apparently reasonable condition

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the patient was re-admitted with septic phenomena, and, in spite of therapy, died the following day.

P. A. report v. R.: Picture of lungs, liver and heart identical with clinical diagnosis, sepsis and shock. Kidneys and adrenal glands: no irregularities. Milt: acute splenitis with proliferation of reticulum cells and necrosis. Liver: hepatitis with proliferation of reticulum cells and necrosis. In lungs and kidneys no irregularities such as are seen in granulomatosis of Wegener. Granuloma gangrenescens possible; however, sarcoma of the reticulum cells should not be wholly excluded. The second patient was admitted to our clinic with indications suggesting ethmoiditis: swelling under and around the left eye, excretion of pus and blood from the left nasal fossa, high temperature.

The patient had become acutely ill with cold shivers two days before. He had been taken in once before elsewhere because of sinusitis maxillaris dextra, and once more, later on, because of stomatitis, laryngitis, and tracheitis, together with serious choking and high temperature. Further examination, after admission, showed a tumor in the left nasal fossa.

Sample excision: granuloma necrolicans with histiocyti and epithelioid cells, but without giant cells of eosinophile cells; a number of arterioli show arteriolar necrosis and fibrinoid degeneration of the whole wall with obliteration of the lumen.

Extensive internal and laboratory examination shows no further irregularities, especially no specific affections. Recovery is spontaneous without any therapy. The tumor inside the nose has disappeared, except for a very small remainder. Repeated sample excisions always show the same picture. Some time afterwards the patient had to be taken in again because of a regression, with more or less the same clinical picture as the first time, but less serious. Again sample excision: beginning form of granuloma gangrenescens. Patient is doing well at the moment. No therapy has been prescribed for him. He remains under strict control.

From an extensive study of the literature it appears that a further classification of this and kindred affections could be of great value. The confusion of tongues in this field is still very great.