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A CASE OF SARCOMATOUS "INFLAMMATORY
FUNGOID NEOPLASM."

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The following case of this rare and grave disease presented itself at my clinic for diseases of the skin at the University Hospital, on November 14, 1882. The patient was exhibited to the class and the prominent features of the affection pointed out in the course of the lecture. The disease is of such rarity and interest as to entitle the case to a place on record, and I shall therefore, without further preface, briefly describe the most important symptoms. The history (for which I am indebted to Dr. Van Harlingen) states that the man, Charles Coyne by name, is a laborer, fifty-two years of age, and a native of Ireland. He enjoyed good health until he was thirty years old, when he was attacked with eczema of the hands, which gradually invaded the feet and other regions until in a short time almost the whole surface became involved. The eczema was always dry and slightly scaly, and itched severely.

About eight years ago the disease under consideration made its appearance in the form of a pea-sized tubercle situated over the left eyebrow. It was at first the same color as the surrounding normal skin, but afterwards became pale-red, and later somewhat purplish in shade. It, as well as all subsequent lesions, from the beginning, itched violently. It grew gradually, so that by the end of a year it was as large as a hazel-nut, and has since increased to its present size. About a year after the appearance of the tubercle referred to, a similar growth came upon the right eyebrow, which has followed the same course. Later, like formations, symmetrically disposed, manifested them-

selves behind the ears and the jaws, and several years afterwards they also made their appearance on the chest, and later on other parts of the trunk. On the chest there first appeared a highly inflammatory papular eruption, "resembling prickly heat," which after vanishing was succeeded by the present papular, tubercular and nodular formations. Latterly, a few of the older lesions have softened and ulcerated superficially, but this tendency is as yet not marked. The hemorrhagic symptoms, seen on some of the patches of the trunk and in places on the extremities, have existed only during the past six months. The general health has been gradually failing, and he has lost weight during the last year. He is now in poor health; is spare and somewhat emaciated, and is weak.

Occupying the eyebrows and forehead are two perfectly symmetrical, circumscribed, irregularly shaped, lobulated tumors the size of common hen's eggs. They are soft, fleshy, and have a fungoid look, and are of a dusky, dull, pale-red or violaceous color, and have slightly excoriated and scaly, rough surfaces, the result of scratching. They are irregularly ovoidal in shape, and project about an inch beyond the forehead, giving a heavy expression to the face. Upon the surface of either growth there exist several furrows or linear depressions. The color is a dull-red with a purplish tint,—a pale raspberry-red.

Immediately above the tumor on the left side there is a flat, almond-sized and shaped, pale-pinkish formation, which when taken between the fingers is found to be defined in outline and firm in consistence. It is seated in the skin and sub cutaneous connective tissue. It illustrates the earliest stage of the tumors.

On either side of the head, occupying symmetrically the region in front of and behind the auricles, there exist extensive, highly developed masses of firm infiltration, having the same general character as the tumors of the eyebrows. The disease here extends from the temporal region down to the angles of the lower jaw, and is so pronounced as to cause considerable deformity. Behind the auricles it extends into the scalp as far as the parietal region, and thence on either side to the occipital protuberance. The posterior aspect of the neck is also similarly invaded. The whole mass is considerably raised and is irregularly furrowed, tuberculated, and nodulated, though

not to the extent of the prominent tumors, such as those on the face.

In addition to the lesions described, there exist numerous, variously sized, rounded or flat, raised patches of infiltration, of a reddish-purple or brownish-red shade, scattered over the trunk, the most conspicuous of which are seated on the chest. These are five in number, two occupying the region of the nipples, and the others the sternum. They are large and prominent, varying in size from a walnut to an egg, and have a firm, fleshy feel, and a distinctly fungoid appearance. Upon various regions of the trunk, small and large, ill-defined patches of an inflammatory papular eruption (resembling disseminate papular eczema) exist, the seat of violent itching. More or less of this eruption is found over the whole surface, and appears to be eczematous in character, although peculiar in type. The general color of the skin of the trunk is a dusky-red, mottled, and in places violaceous or even bluish (hemorrhagic) in tint.

Upon the arms and forearms are likewise patches of tubercular infiltration, and also of the inflammatory papular manifestation, some of them being distinctly hemorrhagic. Upon the thighs and legs there are no large tumors or nodular formations, but here and there are patches of diffuse and papular infiltration, all of which are markedly hemorrhagic, so much so as to give the picture of purpura. Upon the hard palate, involving the uvula, is an elongate, circumscribed, raised, plate-like patch of infiltration, about half an inch in diameter. The voice is in consequence thick. The cutaneous lesions are all accompanied by intense itching, which is almost constant. The scratch-marks, everywhere visible, attest this statement, and it is chiefly for this symptom that the man now seeks medical advice.

The case represents the same disease that I brought before the American Dermatological Association four years ago, a full report of which case, together with the remarks made by the writer, and by members of the Association, may be found in the *Archives of Dermatology*, January, 1879, and January, 1880, with the provisional title of "inflammatory fungoid neoplasm." The inflammatory nature of the process was more marked in the first case than in the present one, although some of the lesions cannot be interpreted otherwise than as highly inflammatory. We shall find, however, without doubt, in the fully developed tumors the

same formation as existed in the first case, viz.: a dense, small, round-cell infiltration involving the cutaneous and sub cutaneous tissues, possessing the general features of sarcoma. The disease is liable to be confounded clinically with syphilis and with cancer, although the microscope would at once differentiate it from the latter disease. The prognosis is grave, for although the progress of the disease up to the present time has been slow, it will surely be more rapid within the next few years, and will prove fatal.

On the subject of treatment, I have but little to say. The various anti-pruritic remedies that are found useful in papular eczema, such, for example, as thymol, carbolic acid, and the tarry preparations, will in a measure relieve and control the itching. The larger growths that occasion inconvenience may be removed with the knife, or, where possible, by the galvano-cautery wire, a much better method of operation. The tumors are vascular, and by means of the galvano-cautery the annoyance from hemorrhage is lessened. The wound will probably heal without difficulty, and a recurrence of the growth at the point of the incision need not be feared, this opinion being based on my experience in the other case referred to.

