Cantrell (J. A.)

A Case of Painful Subcutaneous Neuroma (Neuro-Fibroma).

BY
J. ABBOTT CANTRELL, M.D.,
OF PHILADELPHIA.

Read in the Section of Dermatology and Syphilography, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

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A CASE OF PAINFUL SUBCUTANEOUS NEUROMA (NEURO-FIBROMA).

Jack C., 29 years of age, was born, and has always lived, in New Jersey. He is a farmer by occupation, although obliged to retire temporarily at times, on account of the distress in the arms. His previous health was always excellent, and with the exception of a sister, his family have never presented a similar disease.

He noticed, for the first time, about fourteen years ago, a small round nodule on the left arm, accompanied with intolerable itching, but without pain. This nodule increased in size, slowly but steadily, reaching its present dimensions in about four years, by which time there four new and smaller lesions in the same vicinity. In eight years after the appearance of the first nodule a solitary lesion was noticed on the right arm correspondingly, which in four years was accompanied by five others. The man does not know exactly when the pain first began, but believes it was between four and five years after the appearance of the first tubercle.

This man presented himself for treatment at the clinic in April, 1889, showing the lesions on both arms about midway between the tip of the shoulder and a point corresponding to the insertion of the deltoid muscle, being grouped on each arm, those on the left arm being five in number, the larger occupying the centre of the group,

and being the size of a pea, while the others surrounding it were about the size of a pin's head.

Those on the right arm were similar in size, but there were five surrounding the central figure. The lesions are separated, one from the other, by about 5 or 6 lines. They are firmly situated in the skin and movable only with it. They certainly must run down into the subcutaneous tissue. They are elevated between 2 and 5 lines above the surrounding skin; the skin covering them is tightly drawn, being very smooth and shining brightly. The epithelium seems intact. The skin over the top of the larger lesions is of a yellowish pink, while at the base it is almost a purple; the smaller lesions are normal at the base but yellowish at the summit. All the lesions are perfectly round, the larger one looking as if a pea had been placed under the cuticle and was holding it out beyond the surrounding skin.

Surrounding the lesions the skin looked entirely healthy, there not being a single dilated capillary visible, as might have been expected.

At the appearance, and during the continuance of the pains, there was no change of color, although the part became warmer than usual, remaining so for a short time after its subsidence. Cold and heat, from what I could learn, did not affect him in the least, but if slightly touched a great amount of pain was experienced. There is surely a deep connection with a branch of the brachial plexus.

The pains, for which trouble he applied for treatment, were of a paroxysmal nature, and constituted the whole distress. They began by appearing slowly about four years after the appearance of the first tubercle and got worse as the disease progressed. I did not see him in any of the paroxysms, but from what he says I could

readily imagine the greatest torture. The pains at times resembled an aching tooth, beginning with a throbbing sensation, and getting gradually worse, at last giving several great jumps almost causing him to fall to the floor. These pains lasted from fifteen minutes to one-half hour, but were quite frequent during the day, and always worse at night, which only happened once or twice a week. The friction of his wearing apparel kept up a continual pain throughout the day, and at night the bedclothes could not be borne on the arms. When suffering from the worst pains he is oblivious to what is transpiring around him. If perchance the lesions be violently struck, or the arm be given a sudden jerk, the spot feels as if a sharp pointed instrument had been inserted, almost causing syncope, while the pain would last several hours; in fact, sometimes lasting all through the day—causing him to be constantly on the move and trying to forget it by the best possible means. If the lesions are handled slightly, as when examined, there is considerable pain.

He says he dislikes to go to bed on account of not being able to lie on either side, and fearing to lie on his back, lest in a moment of restlessness he may turn over on either arm, and be awakened suddenly as if he had been struck a sudden blow, so on account of this, when the pains were at their worst he occupied a large armchair and a footstool.

The day preceding a storm he feels very restless and uncomfortable, but on the appearance of the storm he is no worse. He feels very comfortable in settled weather, be it warm or cold.

In a careful search of the literature of the subject, I was only able to find four cases that present any similarity to the case of to-day—those of Duhring, Kosinski, John Ashhurst, Jr. and Jonathan Hutchinson, Jr. Most of the other and previous

cases I feel are examples of the "painful subcutaneous tubercle."

Duhring's case, a man 70 years of age, first noticed the disease ten years previously; it occupied the left scapular region, shoulder, and the outer side of the left arm as far down as the elbow, completely covering these parts.

Kosinski observed it in a man 30 years of age, who noticed it for the first time when 16 years of age, when it occupied the posterior and outer side of the right thigh, as far down as the lower third, and a portion of the buttock. There were as many as a hundred lesions.

In 1883 John Ashhurst, Jr., amputated the thigh between the middle and lower third. The flaps sloughing, a reamputation was necessary. Within a year, a small lump, tender to the touch, appeared in the skin, posteriorly and a little to the outer side of the stump.

Jonathan Hutchinson, Jr., reports a neuroma of the parotid in a girl 20 years of age.

I had hoped to-day to show microscopical sections of my case, but the man proving obstinate, would not allow me the privilege, so I will make the best of the bargain by giving the microscopical reports of the other cases, and show by them the fibroid nature of all these cases.

That of Duhring showed the "corium to be infiltrated with a new connective growth, which was firm in structure. The tissue, beneath and in the mass of the specimen, consisted of a solid, resistant-looking connective tissue, irregularly developed and uneven in arrangement. The bulk of the tissue was old in appearance and fitted together, the new cell elements being entirely wanting, the connective tissue fibrils being closely packed in places, forming wave-like bands. There were also numerous free fibrils of elastic tissue

scattered here and there, and there were no nerve trunks or branches found in the mass."

In Kosinski's case, "the mass showed a consistence of gray nerve fibrils with a great quantity of a dense fibrous tissue, interspersed with some connective tissue."

Ashhurst found "interiorly in the tumor a somewhat elastic, rather dense-looking growth of whitish color, over which passed yellowish fibres, probably strands of the scaled nerve. Microscopically the interior showed an entire absence of nervous elements and a section exhibited fat cells, abundant fibrous tissue, some spindle cells and numerous free nuclei near the enlarged and dilated blood-vessels."

Hutchinson came to the conclusion, after a very exhaustive examination, that his case was undoubtedly of a fibroid nature, while it consisted of connective and a quantity of fibrous tissues.

With a summary of these four cases, all of which showed in their microscopical examinations a structure consisting of fibrous and connective tissues, resembling those of the human body, also all sections of heretofore examined fibromatous tumors, I cannot but feel that to place them with the fibromata would certainly be to place them where they belong—calling them neuro-fibromata.