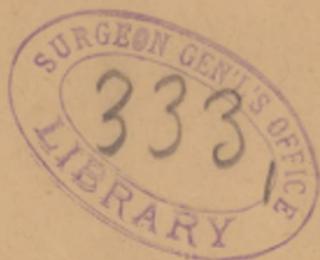


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Traumatic Hæmatoma of the Larynx.

BY

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HEMORRHAGES of the larynx are not of rare occurrence, but they are generally either preceded by a catarrhal affection, or brought on by undue exertion of the vocal apparatus. Injuries of the larynx, followed by bleeding, are in most cases the result of severe lesions, f. i. incision through the soft parts, fracture of the cartilages, etc. The following case of traumatic injury to the larynx is presented, on account of its unusual etiology, and on account of some peculiar features concerning the extent of the hemorrhage.

The patient, a short-set, healthy, laboring man, forty-nine years of age, returned home from work on the evening of June 14th. While quietly walking along, he passed a group of negroes who spoke to him. Not noticing them, he was followed by a tall, burly fellow, who sprang upon him and dealt him a violent blow right on the throat with his fist. The patient reeled, fell down on the pavement, and was unconscious for several minutes. Immediately afterward he began to spit blood, and on arriving home found that he had lost the power of speech, and felt severe pains in the laryngeal region.

He continued to spit blood intermingled with saliva



during the following night, after which time an intermission took place till the 16th, when he expectorated a rather firm lump of coagulated blood in the afternoon of that day. Deglutition was extremely painful, and his nourishment during the first three days consisted entirely of liquid food. The patient complained of a sensation of a foreign body in his throat, which interfered with his swallowing. After six days this distressing condition was materially relieved, and at the same time the voice began gradually to come back. On the 23d day of June he still felt a slight impediment in the throat when eating, and his voice was still hoarse and raucous.

The patient presented himself for treatment, June 15th, the day after the assault. As a medical friend of mine happened to be present, we began the examination by carefully palpating the larynx from the outside, but were unable to detect any fracture of the cartilage. At the laryngoscopic examination the first object to be seen was a large, dark-red tumor of the shape of a tongue, the broad basis of which originated on the outer portion of the posterior laryngeal wall toward the right. Gradually becoming smaller, it covered the right arytenoid cartilage, extended over the inter-arytenoid space into the interior of the larynx, and terminated with a tongue-like point on its posterior wall. The extravasation was beneath the mucous membrane, and no blood could be seen anywhere on its surface.

The interior of the larynx was normal on the left side. The right ventricular band appeared as an indistinct, dark-red body, which almost completely covered the vocal cord. The latter was, during phonation, only visible as a small red line. Morgagni's ventricle could not be distinguished. The movements of the larynx during respiration and phonation were very feeble on the right side; there was no actual paresis, however.

This condition remained almost unchanged during the first three days. After the patient had coughed up a

lump of coagulated blood, June 16th, the swelling appeared considerably smaller, and did not encroach upon the interior of the larynx, extending only to the height of the inter-arytenoid space. The suffusion of blood into the ventricular band was less, and a large part of the vocal cord visible.

The final examination, on June 23d, showed continuous improvement, the swelling having disappeared, the inter-arytenoid space being free. The extravasation was confined to a space of the size of a pea on the posterior lateral surface of the right arytenoid cartilage, and extended outwardly toward the pyriform sinus. In this region there seemed to be a fissure in the mucous membrane, and it is to be assumed that the initial lesion occurred in this place.

The interesting feature of the case is the simultaneous extravasation of blood into the external posterior as well as the interior right part of the larynx.

This will admit of the following explanation. The blow directed against the larynx first caused a fissure of the mucous membrane at the posterior exterior surface of the right arytenoid cartilage, producing hemorrhage. At the same time the pressure of the parts against the spinal column produced a contusion of the larynx, from which resulted an extravasation of blood through the whole thickness of the ary-epiglottic fold, making its appearance on the exterior and interior of the larynx.

The treatment was necessarily of an expectant nature, and consisted mainly in the application of resolvent and slightly astringent sprays.

Since the writer's papers on a similar subject¹ in which he endeavored to give a complete bibliography of laryngeal hemorrhage, only a few publications could be found in the literature. They are by

E. C. Morgan: Submucous Laryngeal Hemorrhage, *MEDICAL RECORD*, March 21, 1885.

¹ Laryngeal Hemorrhage, *American Journal of the Med. Sciences*, April, 1885.

P. Masucci: Un caso di laryngo-tracheite emorrhagica, *Gior. internaz. d. sc. med.*, Napoli, 1885, VII., pp. 562-567.

P. Struebing: Die Laryngitis hæmorrhagica. Wiesbaden: Bergmann, 1886.

J. Garel: Quelques remarques sur un cas de laryngite hémorrhagique, *Revue mens. de laryngologie*, May, 1887.

C. E. Bean: A Case of Recurring Hemorrhage of the Vocal Cord. *New York Medical Journal*, September 24, 1887.

