Scleroma in Punjab

(Brief review and report of two cases)

BY

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Rhinoscleroma was discovered in 1870 by Von Hebra, who described it as an unusual form of cutaneous cancer. As the disease is not confined to nose only but may involve any part of the upper respiratory tract, the prefix of “rhino” was abandoned and the term “scleroma” adopted at the second International Congress of Otorhinolaryngology held in Madrid, Spain, in 1932 where 4 cases were reported to have occurred in India. So far a number of cases have been reported from Guatemala, El Salvador, Mexico, Poland, Italy, Egypt, South Western Russia and many other places. The disease is endemic in some of these areas like Guatemala and El Salvador. In India, however, the disease is so uncommon that only 7 cases were reported up to 1941. But in Punjab it is still rarer as so far as our knowledge goes no case has been reported from this province which makes it an otorhinolaryngologic curiosity. It is this rarity of the disease in this province and its likelihood of being confused with lupus (as occurred in our first case) and other granulomatous conditions of the nose that has prompted us to present these cases. It is further desired to suggest the otorhinolaryngologist to keep this disease at the back of his mind while examining a case of granulomatous condition of the upper respiratory passages and with this vigilance we may find that the disease is not so rare in this country as it has been considered so far.
Case Reports.

Case No. 1.—K. R., a young male, aged 25, barber by profession, reported to the outpatients department of this hospital complaining of a firm and nodular swelling inside the left vestibule of nose since 2½ years. 1½ years later the right side also got involved. It was followed by blood stained crusty discharge, anosmia, hoarseness generalised weakness and constant but partial obstruction of the nose which was more marked on the left side. The nodules went on increasing in size unaccompanied by any pain, fever or loss of appetite. No history of such malady or tuberculosis in the family. Has never suffered from any venereal disease.

On inspection, the upper part of the nose was found to be normal, while the lower part was flattened due to spreading out of the alae nasi by the growth (Fig. 1). On pinching the tip of the nose, the alae nasi gave a bony feel and could not be pressed in. The central half of the upper lip at the base or columella was also infiltrated and was firm to feel, more on the bony side. Anterior rhinoscopy revealed circumscribed, dirty red nodule, 1 cm. in width and 3 mm. in height extending into the right nostril. It had infiltrated the floor and lateral wall. It was firm and tender. There was no ulceration or scarring and regional glands were not involved. On the left side also the nodule was infiltrating the lateral wall and floor and was 2 cm. in width and 5 mm. in height. Septum was deflected to the right so much so that no probe could be passed between the growth and the septum. On examination of the throat it was found that the soft palate was cartilagenous and both the posterior pillars were infiltrated. Uvula was scarred and posterior pharyngeal wall had a leathery appearance. Laryngoscopic mirror reflected infiltration of the false vocal cords while the true vocal cords and epiglottis were normal. Digital examination of the nasopharynx showed that the soft palate was four times its normal thickness and both the posterior nares were narrowed. Scleroma being quite rare in the Punjab, diagnosis of lupus was made. Seriological tests for syphilis, E. S. R. and X-ray Chest were normal. A piece of the growth was sent for histopathological examination and the Pathologist reported scleroma (Fig. 2). Culture from this area was positive for Klebsiella rhinoscleromatis. He was put on dihydrostreptomycin, ½ G twice daily by intramuscular injection. After 15 days therapy there was no improvement so the treatment was discontinued.