

PERFORATION OF THE PALATE IN SCLEROMA (Case report)

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Summary

A case of scleroma with perforation of the palate is described. The patient presented a picture suggestive of syphilitic granuloma with perforation of the nasal septum and the palate. The diagnosis of scleroma was made on the basis of histopathology. The case was treated by surgical resection of the nasal mass and with antibiotics for a period of 3 months. The etiopathogenesis of the clinical features in this case is discussed briefly in the light of available literature.

A comprehensive list of causes of palatal perforation as presented by Bedi et al¹ includes many entities. Common conditions like syphilis, leprosy, tuberculosis and malignancy are the causes generally familiar to the physician. A case is presented to remind the practitioner of one of the rare causes of palatal perforation, namely scleroma.

Case Report

A 16 years old male patient was referred from skin Department to E. N. T. Department for evaluation of palatal perforation of four months duration. He had history of bilateral nasal obstruction for five months. There was no history of trauma, cough, anorexia or haemoptysis. He had history

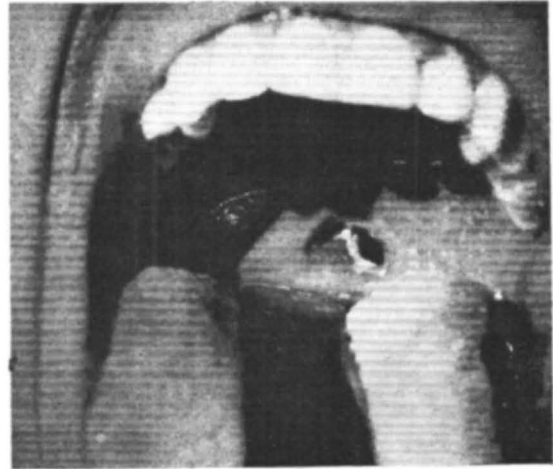


Fig 1 Clinical photograph showing perforation of the soft palate

Examination showed a large perforation of the nasal septum and granulomatous masses in the nasal cavities. The post nasal space was clear. Oral examination revealed a perforation situated just above the uvula on the left side (Fig 1). Cervical lymph nodes especially of the posterior triangle were palpable, non-tender, discrete and mobile.

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Routine blood and urine investigations revealed nothing abnormal except a raised E. S. R. of 30 mm in 1st hour (Westergren). V.D.R.L. test was reactive. The skiagram of the chest was normal. Paranasal sinus X-rays (Water's view) showed soft tissue masses in the nasal cavities. Both maxillary antra were hazy. A provisional diagnosis of syphilitic granuloma was made. Patient was given intramuscular procaine penicillin 400,000 units daily for a period of 15 days followed by I.M. Benzathine penicillin (L. A.) 600,000 unit weekly for 3 months. Patient showed no clinical improvement and the nasal growth and palatal perforation remained stationary. Subsequently a biopsy was taken from the nasal granuloma which showed features of scleroma (Fig 2). The nasal masses were excised by Rouge's approach and the patient was given I.M. streptomycin 1 gm, per day for a period of 3 months. One year follow up showed no sign of recurrence.

Discussion

Scleroma is a chronic specific granulomatous condition caused by bacillus rhinoscleromatis which has an affinity for the mucosa of the upper respiratory tract. It usually starts in the nose, at the mucocutaneous junction of the nasal vestibulae and then invades the palate, fauces, pharynx, larynx, trachea and bronchi by local extension². Initially there is a stage of rhinitis (atrophic stage) which is followed by a granulomatous (nodular) stage and ultimately a fibrotic (stenotic) stage. Destructive process occurring in the soft tissue and muscle is rare in scleroma; so also bone

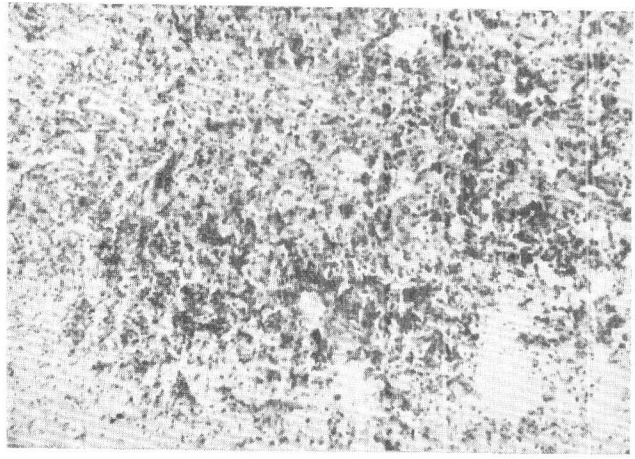


Fig. 2 Microphotograph showing a typical picture of scleroma, Mickulicz cells, a few Russel bodies and other inflammatory cells (H & E \times 60)

involvement and erosion³. A few cases of perforation of nasal septum and bone have been reported^{1,4}. These bone changes (destruction) may be due to compression causing pressure atrophy and cicatrization around the blood vessels.

Perforation of nasal septum and palate are not infrequently seen in dermatology or E. N. T. Clinics. Although scleroma is a rare cause of such a condition, this possibility should be kept in mind. Biopsy must be undertaken in all cases where other common causes of nasal septum and palatal perforation are ruled out.

References

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