

PAPILLOMA OF THE LARYNX

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Papilloma of the larynx is so important that it deserves separate consideration. One type of papilloma in children is of such tragic consequences that this type is tumor alone deserves practically an entire chapter in order to give justice to the subject. Likewise, hyperkeratotic papilloma of the larynx is frequently pre-cancerous so that it is hardly possible to deal adequately with the subject in such a short presentation.

Simple papilloma of vocal cords is common type, next hyperkeratotic type, whereas multiple papilloma is relatively rare.

Simple type is difficult to distinguish from the papillary hyperplasia of a chronic inflammatory process, such as exists with tuberculosis, syphilis or blastomycosis.

The improper use or excessive use of the vocal cords is likely to result in a papillary hyperplasia of the surface epithelium. Exposure to hot dry air or irritating chemical fumes may also cause similar lesion.

In multiple or villous type of papilloma of the larynx, there are numerous small projections of tunica propria with branching and these processes are covered by stratified squamous epithelium, the embryonic type of cells of the basal layer may be in abundance. This is particularly true in children, where keratohyalin is rare in any of the layers of hyperplastic cells. Papilloma in children fails to have other characteristics of malignancy. If the child lives through the age of puberty, there is a tendency for the growths to disappear spontaneously.

In consonance with this observation, various forms of endocrine therapy have been given in an attempt to hasten the sexual development or puberty of these patients.

Eggston recalls a patient who has been the victim of a multiple papilloma of the larynx, beginning at the age of 2. The patient is now 12 years of age and has had numerous intratracheal operations. Laryngofissure was undertaken in an attempt to eradicate the growth, only to be followed by extension from the larynx into the cervical tissues and trachea. Radiation and x-ray, sex hormones in fact, nothing has availed against the persistent

tendency of recurrence in this case. Trachotomy to rest the larynx was subsequently followed by an implantation of papillae into the tracheotomy wound. Many transfusions were employed without results.

This lesion in children is interesting from a pathologic and an etiologic standpoint. It often occurs to us that it is probably due to a virus because the histologic picture and recurrences simulate closely venereal papilloma or condyloma or papilloma sinusiris.

In America and Europe many cases of the laryngeal papilloma have been observed, while in this country a slight rare cases have been reported.

Considering the rarity of laryngeal papilloma in this country, it seems justified to report one case observed at our clinic.

REPORT OF CASE

A male patient 9 years of age had been suffering for a half year from hoarseness when he came us on July 14, 1955. Two months prior to registration at our Clinic patient had polypotomy of the larynx by an otolaryngologist with no relief of symptoms.

Mirror laryngoscopy showed an intrinsic tumor originating from the vocal cord on the right side. The pinkish gray tumor, which seemed to be of soft consistency, filled almost a half the lumen of the larynx. There was neither movement of the right vocal cord nor anyother abnormal finding on the right side.

A Biopsy have the microscopic diagnosis of hyperkeratotic papilloma (Fig. 1).



Fig. 1.—Hyperkeratotic papilloma ($\times 30$)

On July 18, 1955, after lower trachotomy, a laryngofissure was performed under local anaesthesia. It became evident that the lumen of the larynx on the right side from the basis of the epiglottis down to the cricoid region occupied by a pinkish gray soft tumor. The whole tumor was removed by loosening the whole mucous membrane from the base of the epiglottis to the cricoid region without touching the cartilage. The operation was concluded without tamponade.

On the following day, the tracheal cannula was removed. Respiration through the larynx was undisturbed and completely free. Ten days after the operation mirror laryngoscopy showed good mobility of the arytenoid cartilages, good endothelization of the larynx.

SUMMARY

A case of the laryngeal papilloma origination from the vocal cord on the right side is reported.

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