GUMMA OF THE VOCAL CORD
(Clinical Record)

By HUSSEIN KAMEL ISMAIL

Syphilitic Laryngitis is looked upon as a clinical rarity now; I could not find any case recorded in the literature since Stratton (1952) described a case of a gumma of the larynx.

Case Report

A.R.A., a male labourer aged 45 years, came to see me on 31.5.1965 complaining of hoarseness of voice for 2 months.

He had no other E.N.T. complaints and nothing significant could be obtained in personal, past or family history.

On Examination

Indirect laryngoscopy showed a bluish rounded smooth localized mass at the junction of the anterior and middle thirds of the left vocal cord. Both cords were freely mobile; the rest of the larynx appeared normal (Fig. 1). The ears, nose, pharynx and neck revealed no physical signs.

The diagnosis of laryngeal polyp was made but in view of its rather unusual colour and the patient’s age further investigation was suggested.

Sputum examination, Kahn test, X-ray of the larynx and chest were done; all were negative except, to our surprise, the Kahn test was strongly positive (++++ ve).

Further interrogation of the patient failed to get any statement about past syphilitic infection; he was twice married, has three children, no abortions or stillbirths.

General examination for other syphilitic stigmata showed:

1. Bilateral syphilitic orchitis with loss of testicular sensations.
2. Scar (of a chancre?) on the penis.
3. Syphilitic aortitis showed by a systolic murmer and a ringing second sound.

Although the case seemed, most likely, a syphilitic one yet we decided to remove the mass because of the rarity of syphilitic laryngitis specially in this form and site plus the possibility of a co-existent lesion.

Under general anaesthesia the larynx, thoroughly visualized, appeared otherwise normal; the mass was easily removed. It measures about 0.5 cm. in diameter, had a bluish tint, was smooth well-rounded and soft in texture.

The pathologist’s report reads “Histological examination of the mass received showed the picture of syphilitic granulation tissue made of lympho-
cytes, plasma cells and mononuclear leucocytes, some giant cells are seen at the periphery.
No evidence of neoplasia (Fig. 2).

Comment
This case was recorded because:
1. Though syphilitic laryngitis is a rarity now, yet its possibility should always be kept in mind.
2. It describes the rarest form in which syphilis may effect the larynx viz. a non-ulcerating gumma of the vocal cord only.
3. Biopsy can still be recommended in the presence of a positive Kahn test.

REFERENCE

E.N.T. Consultant,
Suez Canal Hospital,
Ismailia, Egypt, U.A.R.