Coleman: Papillomata of the Uvula

Papillomata of the Uvula.

By F. Coleman, M.R.C.S., L.D.S.

The subject of this communication was a man aged 22. On the right side of his uvula, near its base, was a pedunculated growth, somewhat resembling a small raspberry, with a long, slender stalk ¼ in. to ½ in. in length. The growth laid on the surface of the uvula, and its pedunculated nature was only detected when it was found that a probe could be passed freely underneath it; when lifted from the uvula it was seen to be attached by a fine, slender stalk. The patient was suffering from a chronic pharyngitis, so that his soft palate was almost completely insensitive, and even slight traction on the tumour scarcely produced retching. The patient was unaware of the papilloma, so that it had evidently caused him no inconvenience. The growth was very friable, and it was not until its whole substance was in the grasp of artery forceps that its attachment could be snipped across; this was done with curved scissors, removing with it a small button of mucous membrane at the base of its attachment. Its appearance gave one the impression that it would become rubbed off in the course of a few days, or weeks, and it was rather with the view of expediting matters that I snipped it off there and then, the patient having primarily attended the hospital for some other purpose.

Curiously, in the same week, I came across another similar case, also occurring in a man of about the same age, suffering from chronic pharyngitis. The papilloma, again, was attached to the base of the uvula by a long, slender stalk, which was only apparent on raising the tumour; its surface was covered with fine papillae, again closely resembling, in shape and appearance, a small raspberry. I attended to his dental trouble, and then referred him to a surgeon with regard to his throat.

These cases impressed me with the fact that I had seen a good number of uvulae in the course of my work, but yet could not recollect previously to have seen a similar condition. On making inquiries I could find no record of such cases in the usual text-books, nor was the condition mentioned in those special books on the nose and throat that I referred to. Tilley mentions that papillomata, amongst other forms of neoplasm, are recorded as taking their origin from the uvula. I could
find no reference to such cases in the *Index Medicus* for the years 1905, 1906, 1907 and 1908; however, in the *Surgeon-General's Index-Catalogue* I found two cases, recorded respectively by Dr. Freeman French\(^1\) and Dr. Clinton Wagner.\(^2\) These cases so closely resemble those I have already mentioned that a description of them is hardly needed; suffice it to say that the latter gentleman (Dr. Wagner) makes the following statement: "Failure to recognize the growth is chiefly owing to the fact that when the mouth is wide open, as during the examination for diagnosis, retraction of the soft palate, uvula and arches takes place, by which the growth is made to adhere closely to the surface from which its pedicle springs. The only way to avoid overlooking such growths is to attempt to move or dislodge with the probe any unusual prominence that may be seen at the places mentioned."

Dr. F. A. Bainbridge has kindly furnished me with a microscopical section of the growth, which shows it to be a simple papilloma. The macroscopical characters I have described can be seen on removing the slide.

**Exostoses of the Mandible.**

**By F. Coleman, M.R.C.S., L.D.S.**

Noticing how frequently exostoses occur as palpable tumours on the inner aspect of the mandible, I was led to inquire into this question more fully and see whether one could not find some cause for this condition. For this purpose I made an examination of the greater part of the collection of skulls and jaws at the Royal College of Surgeons Museum; although this examination has thrown but little light on the cause of these exostoses, the research has enabled me to make a few observations as to the position and character of these osseous formations.

Exostoses of the mandible almost invariably occur on its inner aspect, and the positions they assume are fairly constant and characteristic. Previously, I had never fully appreciated the manner in which the lower molar teeth are, so to speak, slung in a bony hammock over the inner surface of the jaw, so that in many cases the third lower molar and, to a less extent, those in front are practically unsupported by the body of the jaw itself. (Hunterian Museum, Royal College of Surgeons,

\(^1\) *New York Med. Record*, December 31, 1887.
\(^2\) *New York Journ.*, February 25, 1893.