Tumour of Lateral Portions of the Lower Jaw Removed Without External Wound

Maunder Charles Frederick

Title: Tumour of Lateral Portions of the Lower Jaw Removed Without External Wound

Author: Maunder Charles Frederick

TUMOUR

OF

LATERAL PORTIONS OF THE

LOWER JAW

REMOVED WITHOUT EXTERNAL WOUND

BY

C. F. MAUNDER,

SURGEON TO THE LONDON HOSPITAL; FORMERLY DEMONSTRATOR OF ANATOMY IN GUY'S HOSPITAL.

LONDON

J. & A. CHURCHILL, NEW BURLINGTON STREET

1874

BY THE SAME AUTHOR.

A Translation of Ricord's Lectures on Chancre.

Operative Surgery. Second Edition. 165 Woodcuts.

PREFACE.

I AM led to bring the subjoined method of operation to the notice of the Profession, because I feel that the practice of our art will have one horror less for a patient, who can be assured that no unsightly scar will disfigure his face.

C. F. MAUNDER.

16, QUEEN ANNE STREET, CAVENDISH SQUARE, W.

July, 1874.

TUMOUR OF THE LOWER JAW.

So far as I am aware, the instructions usually given by authors to guide surgeons in the removal of portions comprising more or less of the whole depth of the lower jaw, when the seat of tumour, not being merely the symphysis, involve section of the skin. Some advise certain incisions to be traced so as to form a flap; in one case to be turned up, in the other to be turned down, in order to expose the condemned piece of bone. Some, in making the flap, carry the incision into the mouth, either at its angle or some point of the lower lip, and thus deform this feature. Others are content with incision of the cheek, leaving the mouth untouched. Many of the instructions if followed, must disfigure the patient very seriously. Free incision of the cheek, as is recommended, entails free bleeding and delay in arresting it, the formation of unsightly scars, and an unnecessary interference with the nervous supply to the muscles of expression. The mode of proceeding which I have practised in two instances is here described, and the result illustrated.

CASE I.

MYELOID TUMOUR OF LOWER JAW.

The patient, Sarah C——, ten years of age, was referred to me by Mr. Owen, of Leatherhead. The left base of the jaw was enlarged to the size of a hen's egg, the swelling projecting outwards, and inwards to the floor of the mouth, displacing the tongue somewhat, and deforming the lower part of the face. The tumour had a history of two years, was painless, smooth on the surface, and hard and resistent to the touch, and gave one the impression that a growth within was expanding the jaw. It had enlarged rather quickly of late. The teeth usually found at that age were present. I did not pretend to make a diagnosis beyond suggesting that it was probably benign. I thought it possible that I might have to deal either with a cyst or with a fibrous or cartilaginous growth; and if so, that I might be able to evacuate the one and enucleate the other, and, at the same time, preserve the line of the jaw unbroken; but in this I was disappointed.

Operation.—March 9th, 1870.—The child being under the influence of chloroform, recumbent, with the head well forwards, I penetrated the tumour at the most resilient spot with a drill by way of exploration. A little blood only flowed. With a chisel and mallet I perforated the thin, bony wall at this spot, and extracted a small portion of a growth. This was at once submitted to a microscopic examination by Dr. Sutton and Mr. Tay, and pronounced to be myeloid. The bleeding from the growth, now increasing, was checked by the introduction of a bit of sponge. I determined to remove the portion of bone containing the growth, and if possible through the mouth and without cutting the skin of the cheek and lip at all.

Standing somewhat behind, and on the right side of the patient, the integuments of the chin, including muscular attachments and periosteum, were first turned down off the symphysis, partly with a scalpel and partly with a raspatory, so as to expose the right side of the jaw opposite the right canine tooth (which was then extracted by Mr. A. W. Barrett), to the action of the saw and cutting forceps. At the back of this position the soft parts were also detached from the bone, and the floor of the mouth was perforated so as to admit of the introduction of a narrow spatula passed behind the bone to protect the soft parts from injury by the saw. The section here being completed, the mucous membrane and

periosteum covering the tumour both in front of and behind the alveolus, as well as along the lower half of the anterior edge of the ramus, were severed down to the bone; and a raspatory introduced separated the periosteum, and with it muscular attachments to the required extent. By a little manœuvring the end of the raspatory was made to pass round the base of the jaw and to appear under the floor of the mouth, and with the aid of the forefinger similarly introduced, the soft parts on the deep surface of the bone were detached from it. It was found to be possible to turn the soft parts covering the chin literally inside out. While the bone was being cut by the forceps the thin shell containing the tumour cracked, and so the condemned fragment came away in two portions. This fracture did not facilitate the operation. The next step consisted in cutting across the ramus about its middle, and this was effected with forceps alone (guided into position by the point of the left forefinger) but not without some longitudinal splintering. During the operation the mouth was kept open by a gag. Before detaching the frænum linguæ and muscles at the back of the symphysis, the tongue was secured by a ligature passed through it near the tip, and held by an assistant to prevent the possibility of the organ falling back upon the larynx. Also, before the patient left the theatre the tongue was firmly secured with its raw surface in apposition with the

raw surface of the integuments of the chin by a hare-lip pin, and also by fastening the ends of the ligature previously passed through the tip of the organ on either side to either end of the pin.

Bleeding was trifling, no ligature being requisite.

Progress of Case.—During the early days following operation there was a good deal of swelling about the mouth with fœtid discharge. The child was sustained in a semi-recumbent posture with the head well forwards. The buccal cavity was repeatedly syringed with Condy's Fluid and water, and liquid nourishment was plentifully administered. The case progressed favourably throughout; and before three weeks had elapsed, she could protrude her tongue tolerably well and articulate, and was running about the ward. Subsequently a very small piece of necrosed bone came away from the sawn surface of the remnant of the base.

Examination of Bone.—My colleague, Mr. Barrett, examined the diseased bone, and discovered a misplaced second bicuspid tooth; it was lying at right angles to its natural position. This malplaced organ may have been the cause of the growth; but inasmuch as the corresponding tooth was also absent, the fact was comparatively valueless from an etiological point of view.