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EPITHELIOMA

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Epithelioma superficiale.

The great majority of all epitheliomas occur about the face and, except upon the lower lip, the superficial, discoid or flat variety is the more common. The epithelioma appears as one or several, closely aggregated, pink or light yellow, waxy-looking papules, or as a similar flat infiltration of the skin, or it may arise from a previously existing wart, mole or keratotic patch, which is a heap of scales upon a moist or oily base, resembling a small lesion of eczema seborrhoicum and found frequently on the senile skin. The usual history is that one of these lesions, after a long time, increases slowly in diameter, becomes excoriated and begins to crust, and the crust, each time it is removed or falls off, is soon replaced by another. After some months the pearly nodule, wart or mole is partly or wholly gone and in its place is a small, superficial ulcer which excretes a clear, viscid, serous fluid that may dry to form a crust, or, when it is not very plentiful, merely a varnish-like glaze upon the red granulating floor. The edges of such an ulcer are clean-cut and have an elevated, hard roll-like, pearly border, of the same appearance as the waxy papules mentioned above. Across this border there commonly course many dilated capillaries. Sometimes when an epithelioma arises from a papillomatous wart the first change is a general increase in the size of the papilloma, which then fissures and in some moist localities, as upon the genitalia, may excrete a foul discharge. The papillomatous character may be retained after a typical waxy border has formed about the base. Sooner or later, however, the characteristic ulceration develops. This type is rare and seen more frequently upon the

genitals and the back of the hand. On the face the sites of election of the superficial epithelioma are the nose, especially on the side near the inner canthus of the eye, the eyelids and the temporal regions. It occurs frequently also upon the cheeks, forehead and on the ears. The upper lip is very rarely affected. The superficial epithelioma, before ulceration, causes no subjective symptoms and after ulceration only slight discomfort. **DIAGNOSIS:** The only difficulty is to distinguish a benign mole, wart or scurfy patch from one that has just assumed a malignant character. When in an old person such a lesion remains persistently fissured, abraded or crusted, it is to be regarded as an epithelioma. **TREATMENT:** The average superficial epithelioma is easily cured. The best treatment is congelation with solid carbon dioxid. A mass of carbon dioxid snow should be so molded and whittled that one surface will completely cover the epitheliomatous nodule or ulcer to be frozen, unless the ulcer is more than 4 cm. in diameter, in which case it should be attacked in sections. The essential part to destroy is the waxy margin. Any papillomatous masses growing from the floor of the ulcer should be removed with a curette before the congelation. The surface of the snow is to be dipped lightly into ether and then applied to the lesion with firm pressure for from one to two minutes. The eschar which forms in forty-eight hours is to be allowed to fall off spontaneously, which it will do in about ten days, leaving a smooth scar. If part of the waxy-looking epitheliomatous tissue remains, as not infrequently happens, the treatment is to be repeated.