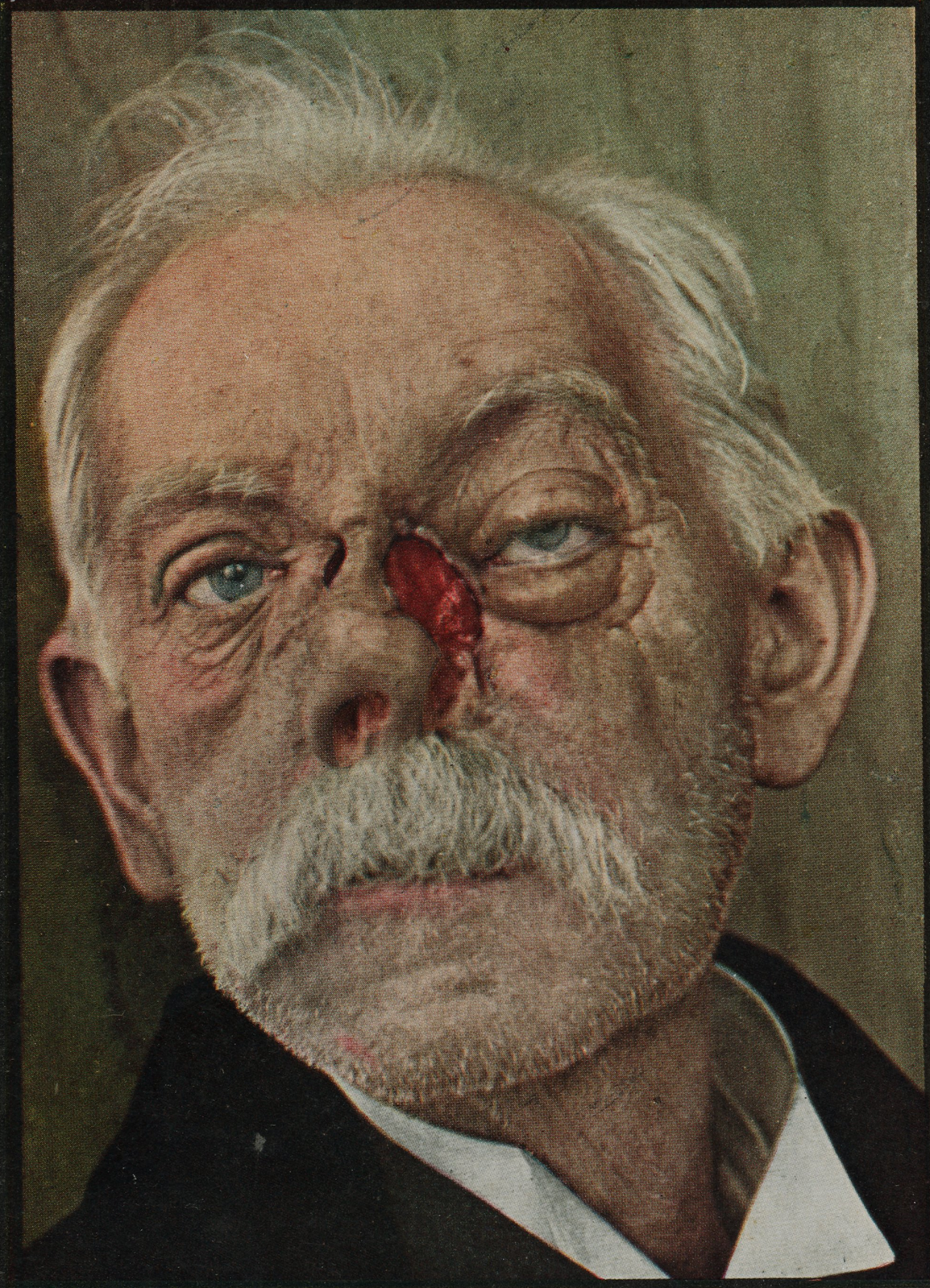

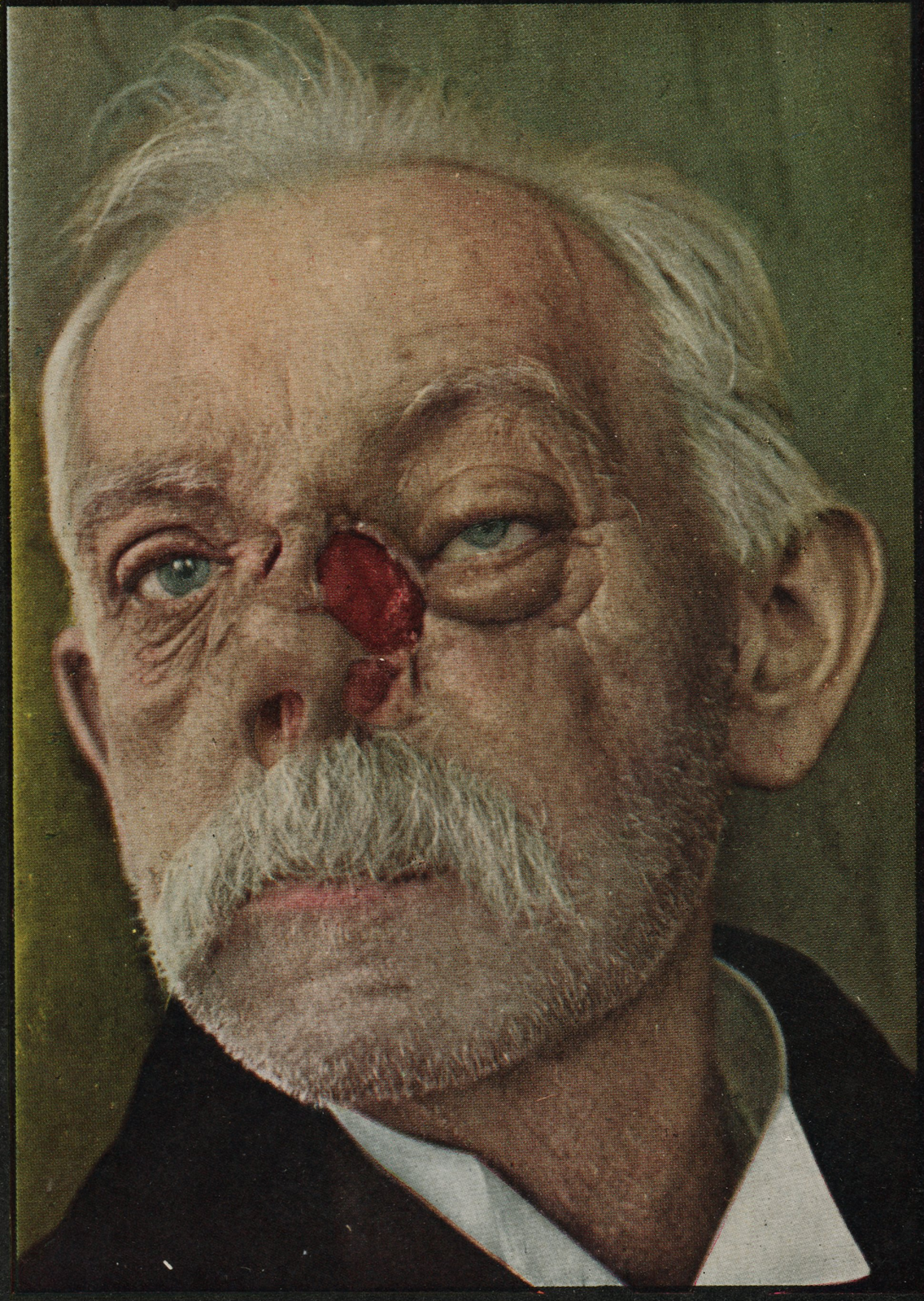

SYPHILIS ULCEROSA NASI

SYPHILIS TERTIARIA

Syphilis ulcerosa nasi.

Syphilitic ulceration of the nose is a not uncommon late tertiary manifestation. It is the sequel of either diffuse or circumscribed gummatous infiltration, though the latter, that is the distinct gummatous tumor, is much more rare than the former. It is unusual to see either lesion before ulceration has occurred, probably because being painless and starting frequently on the inner wall of the nasal cavity the process does not attract attention until ulceration supervenes. Gummata of the external nose exhibit predilection for the alae and septum. Beginning in the submucous or subcutaneous tissue they spread and involve cartilage and bone, and unless promptly and energetically treated cause marked permanent deformity. The destruction produced by a circumscribed node is much less than that incident to the breaking down of a diffuse infiltration. The latter extends rapidly and after causing perichondritis and periostitis interferes with the circulation to such an extent that necrosis ensues comparatively early. The slough often appears to extend wide of the original infiltration. When the ulceration is deep and the bone has become involved the nasal discharge is frequently extremely offensive. Non-specific inflammation and ulceration often accompany the sequestration and may obliterate the characteristics of the typical syphilitic ulcer. **DIAGNOSIS:** The history or presence of other specific lesions or scars sometimes aids in the diagnosis. When there is perforation of the septum the disease is almost certainly syphilis, although very exceptionally tuberculosis may produce the same result. *Lupous ulcers* begin at an earlier age, progress very much more slowly and never attack the bone. The syphilitic ulcer is most frequently confused with *epithelioma,* although as a rule the distinction is not difficult. The cancerous ulcer starts from a pimple, wart, mole or scurfy patch and develops slowly at first. It has an uneven floor and a firm, everted, waxy, telangiectatic border. The very rare cases in which the margin of the syphilitic ulcer counterfeits the rolled edge of the epithelioma can be differentiated by microscopic examination, serodiagnostic reaction or therapeutic test. **TREATMENT:** When there is marked secondary infection mercury and potassium iodid may not alone suffice to arrest the ulceration, but operative procedures, removal of sequestra, curetting, etc., should always be postponed until the specific remedies have had time to exert their maximum effect. Cleansing with peroxide of hydrogen or other mild antiseptic lotion, and dusting with calomel are local measures that should be employed from the start.