

OLAVIDE MUSEUM

Ulcerated Epithelioma on the Face of a Man

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(Figure no. 374 from the Olavide Museum, Hospital de San Juan de Dios; ward 5, bed 21)



Dr Azúa

Medical History

N. N. was a single, 45-year-old mathematics teacher, originally from Guadalajara, with a nervous disposition, passive nature, and with no hereditary factors.

While living in Paris, where he worked as a teacher, he noticed the appearance of a small, hard, slightly reddish, painless tubercle, about the size of a shirt button, on his forehead. Because of this he saw doctors Pean, Petit, Trusseau, and Vidal de Cassis, all of whom diagnosed epithelioma, recommending treatment with strong caustic agents, including Vienna, Canquoin, and Gouandre pastes, followed by the application of solid phenol.

There was a significant improvement in his illness, but the siege of Paris, where he was living, occurred at that time. The shortage of supplies and lack of food, together with the countless hardships that he suffered, led to a worsening of his disease, which very soon became ulcerated and invaded many areas that had remained disease-free until that time. Having lost hope of cure, he came to Spain, and after long and fruitless treatments, most of them empirical, was admitted to the Hospital de la Princesa and later to this hospital, San Juan de Dios.

At the time of death, which was when this mould was taken, the epithelial neoplasia involved the whole of the right superciliary arch, extending superiorly over the ipsilateral frontal eminence and inferiorly to occupy the whole of the orbit and part of the malar region, and ending in the right temporal fossa. However, the tarsal plates were not affected and, with respect to bone, the advance of the tumor was limited by the zygomatic process and arch. There was partial involvement of the inner margin of the orbit; nasal bones; muscles, aponeuroses, and skin covering the bones; and the lacrimal tubercle of the maxilla and the palatine bone medially. The alveolar border of the mandible was visible inferiorly, to the point where the myrtiform fossa would have been, no longer covered by muscle except in its lateral portion, where remnants of the buccinator and lateral pterygoid muscles were visible, appearing as free bundles of fibers with no fixed points of insertion. It was possible to see, in order, the body of the mandible with the insertion of the masseter, which was absent in parts, on the dental border close to its angle, followed by the zygomatic process and part of the digastric (posterior belly). The mastoid process and the external acoustic meatus could be clearly observed posteriorly, the pinna of the ear no longer being present. The eye globe had become detached, and the frontal lobe, covered by dura mater, was seen to be herniated through the area of the superior wall of the orbit and superciliary arch, which had disappeared. The mandible could not be raised or lowered due to

the absence of the elevator and depressor muscles, and mastication was therefore impossible.

The patient lost strength by the day, reaching such a degree of wasting that he was unable to rise from bed, and died due to the continual losses that he suffered as a result of the progression of his disease.

Treatment

Innumerable methods were used, not least of which are the dietary elements and semiliquid substances, which contain powerful substances; the most important of these, making up the patient's diet, were fried hake reduced to a pulp, the juice obtained by pressing on meat, chicken giblets cut into very small pieces, cakes, chocolate, cow's milk, consommés, soups, and jellies.

Pharmacologically, almost all the most powerful therapies were employed, including tonics, analgesics, alteratives, restoratives, and in particular iron preparations, cod liver oil, preparations of quinine and of opium and zinc, carbolic acid, and various forms of iodine; these were all used, though none to any advantage.

The topical agents used were no less numerous. Firstly, lavages with infusions of papaver and the usual emollients, 3-in-100 aqueous solution of potassium chlorate, carbolic acid, and in the same form, iodine tincture, essence of turpentine, iodoform, phenolated Samaritan balsam, solutions of potassium permanganate and potassium ferric tartrate, dilute acids, and a large number of creams, none of which were able to prevent the fatal outcome.

Comments

The original clinical history reveals the lack of means available to fight these malignant diseases, and how the diet played a primary role. During its presentation at the XXXIV National Dermatology Congress (Madrid, Spain, May 2006), several of the delegates admitted to having had similar cases in previous years.

This mould has the peculiarity of having been taken directly from the patient, who in this case we know from the surviving medical history to have died. The coloring and serous appearance of the lesion are original, though the pre-existing pigments were made more vivid during the restoration process through glazing and varnishing.

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