

failure or insufficiency responsive to artificial respiration.

Medicine, for aid, enabling me to complete this problem.

ACKNOWLEDGMENT

I wish to express my gratitude to Dean Gordon Scott, Wayne University College of

J. B. ROSENBAUM, M.D.,
Wayne University Medical School
Detroit, Michigan

CORRESPONDENCE

To the Editor:

We present the following illustration to show the unusual size which laryngeal granulomas may attain. The patient was a 19 year old girl with quiescent pulmonary tuberculosis who underwent a segmental resection of the upper lobe of the right lung and plombage. Her voice was clear and at intubation the vocal cords appeared normal. Ether was administered for three hours through a 32 French woven silk endotracheal tube with cuff. From the first postoperative day the patient noticed increasing hoarseness, cough and progressive difficulty in breathing, especially when going to sleep. Three months later, bilateral granulomas of the cords, which

arose by short stalks just posterior to the tips of the vocal processes of the arytenoid cartilages, were removed by snare and forceps. The growths have not recurred twenty months after their removal.

Pathologic examination proved the granulomas to be granulation tissue attributable to nonspecific inflammation. Serial sections of the growths showed no tuberculous foci.

CLEMENT S. DWYER, M.D.,
PHILIP B. THOMAS, M.D.,
WARREN G. STROUT, M.D.,
*Department of Anesthesiology,
Eastern Maine General Hospital,
Bangor, Maine*

