


XVI. Diseases of the Respiratory System

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Syphilis			
Larynx	Is opened from behind		
	Vocal cords:	Destroyed Scarred	
	Walls:	Rather thickened Show marked fibrosis	
	Lumen:	Narrowed	
Epiglottis	Destroyed (only at the base)		



N.B.:

- **The destruction of the vocal cords is less than that in case of tuberculosis.**
- **There are more tendencies to heal by fibrous tissue and scarring.**
- Occasionally, an appreciable new tissue in the form of papillary masses (or and stenosis and distortion of the larynx) may occur.

Granulomatous lesions of the larynx include tuberculosis, syphilis and scleroma.

Syphilis:

1. Congenital: In infancy and childhood.

(a) **Secondary stage** i.e., mucous patches appearing in the first few weeks of life.

(b) **Tertiary stage** i.e., gumma about puberty.

2. Acquired:

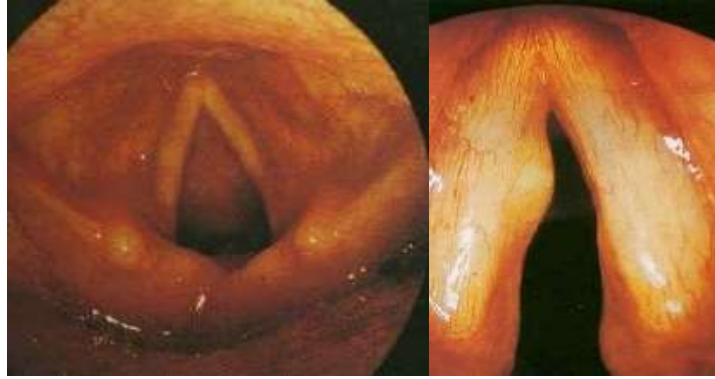
(a) **Secondary stage** i.e., mucous patches, manifested by chronic hyperemia and superficial ulcerations.

(b) **Tertiary stage** i.e., gumma (found single) on one side of the larynx and commonly on arytenoids and epiglottis.

- In tertiary stage there is gumma then necrosis, destruction and healing by scar tissue formation,
- At first, new papillary tissue may be formed.
- Later on, fibrosis and stenosis of larynx and glottis with distortion occur.

Clinico-pathologic correlation

1. Hoarseness of voice (common).
2. Dyspnea and stridor (slight).



Syphilis of Larynx	Tuberculosis of Larynx
<ol style="list-style-type: none"> 1. Syphilitic ulcers tend to affect the epiglottis and anterior portion of larynx. 2. Ulcers are deeper and sharply cut (punched out) with smaller base and less obvious granulations. 3. Greater degree of surrounding inflammatory oedema. 4. History, W.R. and evidence of syphilis. 5. Less destruction, more fibrosis and more stenosis. 	<ol style="list-style-type: none"> 1. Tuberculous ulcers are commoner posteriorly. 2. Shallow superficial lenticular ulcers. 3. Less in degree 4. History, examination of sputum, evidence of tuberculosis, X-ray picture of lungs. 5. More destruction, less fibrosis and more widening

Syphilis of the larynx larynx occurs in extremely rare cases. The secondary stage is manifested by **erythema** simulating catarrhal laryngitis with involvement of the mucous membrane of the vocal folds, arytenoid cartilages and epiglottis, and also by papules and large condylomas. The **tertiary stage** of syphilis of the larynx occurs mainly in males ageing from 30 to 50. Gummas are located mainly in the epiglottis, and less frequently in the interarytenoid notch and on the vestibular folds. When located in the infraglottic space, a gumma appears in the form of a symmetric infiltrate.



