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Scleroma in the Head and Neck

Head and neck scleroma is a rare chronic progressive infectious granulomatous inflammation which can affect the nose, pharynx, larynx, palate, sinuses, and trachea, etc., while the nose is the most vulnerable part. The incidence of scleroma has certain regional characteristics, with Africa, Central and South America, southern Central and Eastern Europe, the Middle East and other places are relatively common. Cases have also been reported in East Asia. In China, scleroma relatively endemic in Shandong, Shanxi, Hubei, Hubei and Inner Mongolia etc. and the gram negative, encapsulated *Klebsiella rhinosclerosus* is the prominent pathogen of scleroderma. The histopathologic change of sclerosis is chronic inflammation, which is characterized by Mikulicz cells, Russel bodies and *Klebsiella rhinoscleromatis*. The pathological changes of scleroderma can be defined as three stages: catarrhal atrophy, granuloma, and sclerosis. There have been reports on the clinical manifestations and treatment results of head and neck scleroma pathology in the nasal cavity, sinuses, pharynx, larynx, trachea, and cervical lymph nodes. Head and neck scleroma is mainly treated with long-term antibiotics, supplemented by surgery.

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头颈部的硬结病

头颈部硬结病是一种罕见的慢性进行性感染性肉芽肿性炎症，可累及鼻、咽、喉、上腭、鼻窦和气管等，其中鼻是最易受感染的部位。硬结病的发病具有一定的地域特征，以非洲、中南美洲、中东欧南部、中东等地较为多见。东亚地区也有病例报告。在中国，硬皮病在山东、山西、湖北、湖北和内蒙古等地较为流行，革兰氏阴性、有荚膜的鼻硬化克雷伯菌是硬皮病的主要病原体。硬化的组织病理学改变为慢性炎症，以米库利兹细胞、罗素小体和鼻硬结克雷伯菌为特征。硬结病的病理变化可分为三个阶段：卡他性萎缩、肉芽肿和硬化。鼻腔、鼻窦、咽、喉、气管、颈部淋巴结等部位的头颈部硬结病的临床表现和治疗结果已有报道。头颈部硬结症主要以长期使用抗生素治疗为主，手术治疗为辅。