A 62-year-old female was admitted to the ENT Department of the Wroclaw University Hospital in August 2002 with a few years history of hoarseness and throat drying. Scleroma was confirmed in serologic test 20 years ago.

In the videolaryngoscopic examination subglottic stenosis below frontal commissure was diagnosed (Fig. 1). In the endoscopic examination of epipharynx scars were observed (Fig. 2).

Respiratory scleroma is a chronic, progressive granulomatous disease of the respiratory tract. Disease develops slowly and suspiciously, sometimes for dozens of years. It gives progressive airway obstruction causing dyspnoe. The disease has three stages: the initial catarrhal one, granulomatous stage, and sclerotic stage. Respiratory scleroma affects larynx in 40% [1, 2]. Women suffer more frequently (65%), Klebsiella rhinoscleromatis,
Gram-negative bacteria is the causal organism. It is sensitive to streptomycine. Principal diagnostic procedure is based on positive serologic Bordet Gengou reaction with an antigen of scleroma, histopathologic result (e.g. large Mikulicz cells) and typical clinical picture.

Scleroma is endemic in North Africa, Ukraine, India or Mexico, but geographic distribution of this granulomatous disease is discussed.

Abou El-Hamd describes two cases of proven long-term rhinolaryngoscleroma followed by the development of laryngeal cancer [3].

The disease, that was common in Eastern Europe in the thirties of the XXth century, at present occurs rarely. No literature concerning such cases in this region was found.

The role of laryngological examination is established in the diagnosis of asymptomatic and early laryngeal lesions and in assessing of the response to initial treatment.

References

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