

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CALCIFIED FIBROID CAUSING COMPLETE AXIAL ROTATION OF THE UTERUS.

BY C. HUBERT ROBERTS, M.D. LOND., F.R.C.S. ENG.

THE patient was admitted to the Samaritan Hospital for Women. She was aged 55, married, no pregnancies. The periods had ceased for ten years, previous to which they had been very profuse.

The patient stated that she knew she had a tumour in the abdomen "for many years," but that it had given her very little trouble. About three months before admission she began to suffer with acute attacks of abdominal pain, which of late had been very severe and accompanied with cramps and sickness. Her general condition was good. On examination a large hard swelling could be easily felt in the abdomen, reaching to the level of the umbilicus, more marked on the left side than the right. It was very mobile and could be freely pushed about the abdomen. On vaginal examination there was a small atrophic cervix; movements of the abdominal mass communicated themselves to the cervix. The fundus could not be determined. The diagnosis was made of a calcified fibroid, ovarian dermoid, or ovarian fibroma. There was no free fluid.

On Nov. 16th last the tumour was removed by abdominal section. It was easily lifted out of the abdominal cavity, and was found to be densely hard and very heavy. The remarkable feature of the tumour was its pedicle, 8½ inches long, the thickness of two fingers, and consisted of an enormously elongated senile uterus, which at the level of the supravaginal cervix had undergone an acute axial twist, 2½ times, the twist being from left to right forwards. The appendages were included firmly in the twist. The torsion was easily undone, and the tumour simply amputated from the fundus uteri, to which it was attached by a pedicle 1½ inches wide. The vessels below the twist were deeply engorged, but there were no adhesions anywhere and no free fluid. The senile uterus and appendages were left *in situ*. The patient recovered completely, the temperature being normal throughout her stay in hospital.

The tumour was a well-marked example of complete calcareous degeneration of a fibroid. When fresh it weighed 4½ lb. It was so hard that it took a considerable time to cut through, and spoiled two saws in the process.

The importance of the specimen is that it caused axial rotation of the uterus. Axial rotation of the pedicle of a stalked fibroid is not uncommon, and may lead to acute degeneration of the tumour, but complete torsion of the uterus itself is very rare. I have not met with a case in my own practice before. Most of the cases reported of axial rotation of the uterus by a fibroid have been only partial—i.e., say half a twist—possibly leading to acute abdominal pain, accumulation of blood or pus in the uterus, or necrosis of the tumour.

In this case the twist was 2½ times, but as the uterus was senile and the pedicle very thin from long traction this amount of twisting was easily possible, in the same way as it sometimes occurs in pedunculated ovarian cysts.

Welbeck-street, W.

"THYROID STONE."

BY VERNON PENNELL, M.A., M.B., B.C. CANTAB.,

FELLOW OF PEMBROKE COLLEGE, CAMBRIDGE.

THE following case may be of interest, owing to its comparative rarity.

The patient, a man aged 45, sought advice for aphonia which had lasted for three months, and which he thought might have been due to excessive smoking. On laryngoscopic examination, however, it was seen that the left vocal cord was completely paralysed and immobile. The heart, lungs, and central nervous system showed no lesion, nor was there any cervical gland enlargement. There was a small, hard lump on the left side of the neck, situated in the position occupied by the left lobe of the thyroid.

It moved upwards and downwards on swallowing and did not appear to be very fixed in its attachments, except when attempting lateral movements. In size it was about that of a small walnut, and was slightly tender on deep palpation. A diagnosis of early carcinoma of the thyroid with infiltration of the left recurrent laryngeal nerve was made, and operation recommended. The thyroid was exposed by a transverse incision at the root of the neck and the left lobe identified. On delivering the upper pole forwards, a craggy mass of rock-like consistency was found, rather larger than had been expected from external palpation, in the position normally occupied by the superior parathyroid. It was tightly wedged between the thyroid gland and the oesophagus and vertebral column, and pressed on the recurrent nerve of that side. As part of the left lobe presented several small cysts, it was deemed advisable to perform hemithyroidectomy. The wound healed by first intention and the patient made an uninterrupted recovery, regaining full vocal power after three days.

The growth proved to be a completely calcified adenoma with only the thinnest of capsules stretched over it. It was quite easily detached from the remains of thyroid tissue of that side. As no sign of a superior parathyroid was found after careful examination it is conceivable that this mass was parathyroid rather than thyroid in origin. The diagnosis would almost certainly have been greatly assisted by a skiagram, but this was unfortunately omitted and an unnecessarily gloomy prognosis given.

Pembroke College, Cambridge.

AN OBSCURE CASE OF PSOAS ABSCESS.

BY EVELYN A. CONSTABLE, M.B., B.S. DURH.,

SURGICAL REGISTRAR, LONDON TEMPERANCE HOSPITAL.

THE case on admission presented difficulties of diagnosis, and is for that reason worth recording.

The patient, a female, aged 41 years, married, was sent in, on Dec. 16th, 1916, by Mr. F. Greaves, to the London Temperance Hospital, under the care of Mr. J. McClure, complaining of pain in the right loin and vomiting. Three weeks before admission there was gradual onset of "aching pain" in the right side of the abdomen, accompanied by vomiting, which had occurred twice or thrice daily for the last two weeks. Bowels opened daily (only took aperient once). Menstruation was usually very regular; the last period was two weeks over time, so patient ascribed her symptoms as probably due to pregnancy. She had never had a similar attack before. There was nothing in the past history bearing on the case. Condition on admission: Tongue dry, red, and ridged. Some gingivitis and dental caries. Appetite usually very good. Urine neutral, specific gravity 1018; no albumin or sugar. Spine: no tenderness on percussion or other abnormality detected after careful examination. Locally a hard, oval-shaped mass of the size of a small coconut extended from just below and to the right of the umbilicus to the right costal margin; it was slightly movable at the inner pole but appeared fixed at the upper and outer one. It did not move on respiration. Per vaginam the cervix was soft and lacerated, "erosion" present; uterus freely movable. Blood count (by the pathologist, Dr. H. H. Sanguinetti): Hb 65 per cent.; erythrocytes 5,560,000, leucocytes 25,500 per c.mm. Differential count, per cent.: Polymorphonuclears, 89; lymphocytes, 10; transitional, 1. Diagnosis: ? Malignant disease of ascending colon; ? kidney tumour; ? appendix abscess.

Laparotomy by Mr. McClure on Dec. 31st. A vertical incision, 5 inches long, was made over the tumour in right hypochondrium. The "tumour" turned out to be a normal right kidney, pushed forward by a large psoas abscess. The latter was incised below and posterior to the lower pole of the kidney, and about 1½ pints of green homogeneous pus were evacuated, evidently coming from the spine. The cavity was irrigated with a flushing curette. The posterior peritoneal layer was then approximated by interrupted sutures and the anterior abdominal wall closed in layers. No drainage. The vermiform appendix and gall-bladder were examined and appeared normal. The skin and subcutaneous tissues, unfortunately, broke down, but afterwards did well on Dakin's hypochlorite dressings, and patient left hospital on Jan. 29th, 1917, with only a very small superficial wound. X ray skiagram, taken by Dr. J. H. Rhodes after the operation, showed some erosion of the right side of the body of the second lumbar vertebra.

A somewhat similar case, I am informed, occurred in this hospital about 16 years ago. I am indebted to Mr. McClure for permission to publish the above notes.

West Green, N.