

III.

Removal of the Pregnant Uterus on account of Uterine Fibroids Complicated by a Large Fibroid of the Round Ligament Adherent in the Pouch of Douglas.

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E.W., aged 35 years, married nine months, was sent, on October 30th, 1905, by Dr. Robert McDowell, to the Samaritan Hospital, Belfast. She complained of pain in the lower part of the abdomen on the left side, which had troubled her to a certain extent for some years, but had become very severe within the last fortnight, and for a week had confined her to bed. Menstruation had been regular every four weeks until August 7th, since when it had been absent. The duration of the flow had been four days. The periods had not been accompanied by any great degree of pain. There had been no leucorrhœa. Micturition had latterly been painful.

Her nutrition was found to be good. There was no anæmia. Her tongue was clean. The bowels were confined. The heart, lungs, and abdomen were normal. *Per vaginam* a hard tumour was felt behind the uterus, firmly fixed in the pouch of Douglas.

On November 18th, 1905, she was put under chloroform, and a median abdominal incision was made. It was then found that there were three fibroid tumours in the uterine walls—two small ones in the posterior wall near the left cornu, and a larger one, equal in size to a duck's egg, in the anterior wall low down and rather towards the right. The most important feature of the case, however, was a large fibroid which filled the pouch of Douglas and was adherent to its anterior and posterior walls and to its floor. This tumour was attached by a twisted pedicle to the right round ligament about an inch from the uterine cornu. It was so incarcerated in the pelvis and so firmly adherent that it was found to be impossible to raise it without first removing the uterus, which lay above and in front of it. It was obvious that delivery, even of an immature child, through the vagina would be impossible, and that removal of the uterus and tumours afforded the woman the best chance of life.

Accordingly the uterus, together with the four tumours, was removed by supravaginal hysterectomy, the right ovary being left.

As there was a considerable area of raw surface left from separation of adhesions free drainage was deemed advisable. A piece of rubber drainage tube was pushed down through the cervix into the vagina, and secured by a stitch to the cervical stump before the peritoneal flaps were stitched over it. All ligatures and sutures were of boiled formalin catgut prepared in the hospital and calculated to remain unabsorbed for about twelve days. A glass drainage tube also was inserted into the pouch of Douglas and brought out through the abdominal wound. The abdominal incision was closed (in layers) with boiled formalin catgut, supported by a few silk-worm gut sutures, including the whole thickness of the abdominal wall.

The glass drainage tube was partially withdrawn on November 19th, and removed on the 20th. On December 7th the silk-worm gut sutures were removed and the rubber drain in the vagina taken out. The patient made an excellent recovery, and was discharged on December 18th.

REMARKS.

1. Myomata and fibromyomata of the round ligament of the uterus are rare. They are said to be more common in multiparæ than in nulliparæ. They are often pedunculated, as this one was. They seldom attain a large size, though tumours as big as a cocoanut have been removed. They are more frequent on the right side. As a rule they grow slowly, but they are prone to increase rapidly during pregnancy.

2. Free drainage was employed in this case in spite of the tendency nowadays to discard drainage altogether. A few years ago drainage of the abdominal cavity was undoubtedly carried to excess. At present the temptation is to go to the opposite extreme. There are certain cases where extensive adhesions have had to be broken down, leaving large ragged areas in the pelvis, in which drainage is almost essential to a good recovery. In this case there escaped through the tube a considerable amount of fluid which would otherwise have lain for a time in the pelvis at the mercy of the *bacillus coli communis*. In the old days there was a grave risk of silk ligatures becoming infected through the presence of a drainage tube in the pelvis. This danger no longer exists, if we use the only form of ligature (or suture) which should now be buried in the body, viz., boiled formalin catgut.

3. The age of the ovum in the uterus was apparently about ten weeks, though about fourteen weeks had elapsed since the last menstrual period.