Left Parovarian Cystoma causing Torsion of the Fallopian Tube, the Pedicle containing Fallopian Tube, Fimbria Ovarica and Mesosalpinx.

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TORSION of the pedicle of an ovarian cystoma must be familiar to all gynæcological surgeons, but this is the only case in which I have seen a torsion of the pedicle of a parovarian cystoma, nor do I recollect of having seen a similar case recorded.

Mrs. C., aged 38, was admitted to my ward on January 3, 1913, with the complaint of more or less continuous pain in the left lower quadrant of the abdomen during the previous four years. She had had eight children, followed by three miscarriages. There was nothing of special note in her history till the first miscarriage at the sixth month, four years ago, at which time she was confined to bed for six weeks. What this illness was she could not state. It may be surmised that the illness was due to septic infection, and the after history of more or less continuous pain in the left side would suggest this, but if so no evidences of pelvic inflammation were found at the time of operation on January 16, 1913, nor did it cause sterility as she had other two early miscarriages—one three years ago, the other $2\frac{1}{2}$ years ago.

She stated that during the past four years she had never been free from an aching pain in the left lower quadrant of the abdomen, though it varied much in intensity, being worse after exertion of any kind and easier when she rested. She further stated that a swelling occasionally appeared in her left side, and that when this was present she experienced severe pain in the region of the umbilicus. There had been no alteration in her menstrual periods, which remained regular. The only other symptom of note was frequency of micturition during the daytime from which she had suffered for the past two years.

The patient was thin, and looked older than 38, her hair being quite white, but she stated that premature greyness began when she was only 20 years of age. Deep palpation in the left iliac region elicited slight tenderness.

By vaginal examination a tense cystic tumour was palpable filling the left side of the pelvis and bulging below the level of the cervix, which was displaced to the right and anteriorly.

Bimanual examination showed the uterus normal parous size, but displaced to the right of the middle line by a tense cystic ovoid tumour which filled the left side of the pelvis. The tumour was quite immovable and fixed in the pelvis as if adherent. A hard rounded pedicle could be felt passing from the left uterine cornu to the cyst, and this was diagnosed as a thickened tube due to chronic salpingitis. Operation proved this thickening to be due entirely to torsion, although the tube was a little thicker than normal.

The diagnosis made was that of a left ovarian cystoma fixed by adhesions and of chronic salpingitis owing to apparent thickening of the tube and the history of persistent pain following the first miscarriage four years ago.

Laparotomy was performed on January 16, 1913. The tumour proved to be a left parovarian cystoma, the normal ovary lying between it and the uterus. The outer half of the tube and fimbria ovarica formed a band running obliquely and completely round the upper half of the tumour. The cystoma was attached to the top of the broad ligament by a pedicle which showed two complete turns forming four twists and which was composed of tube, fimbria ovarica and mesosalpinx. The direction of the torsion was as if the tumour had been held and twisted round from right to left (reverse clockwise). The portion of mesosalpinx involved was entirely superior to the ovarian vessels which ran an undisturbed course.

The cystoma was not adherent, as previously diagnosed, but was impacted by suction and could not be delivered till the pedicle was cut.

The drawing submitted is life size, and shows the actual condition. The size of the cystoma is $4\frac{3}{8}$ in. from upper to lower pole, and from $2\frac{3}{4}$ to 3 in. in the other diameters.

Parovarian cystoma with torsion of left Fallopian tube.

- A. Fimbriated end of left tube with fimbria ovarica passing in front to form part of pedicle.
- B. Left tube.
- C. Left ovary shown on section.
- D. Twisted pedicle containing tube, fimbria ovarica and mesosalpinx.