Some Notes on a Case of Perithelioma of the Endometrium.*

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THIS case has been already published, but without the microphotographs reproduced herewith, which were very kindly taken for me by Dr. Harold Spitta in the Peirse-Duncombe Laboratory of St. George's Hospital. The clinical history of the case will be found in vol. xlix of the *Transactions of the Obstetrical Society of London*. The sections shown in the micro-photographs were made from tissue curetted from the cavity of the uterus before hysterectomy had been performed.

Nearly the whole of the tissue thus removed was composed of the cells of the growth. These are slightly elongated in shape, and can be seen quite clearly to be budding from the periphery of the smaller vessels in very many parts of the sections. Some parts of the growth are quite necrotic. In one or two places, which are probably the older parts of the growth, the cells are almost glandular in type, but are seen to be arranged closely about the periphery of small vessels (see Plates I, II, and III). Very few endometrial glands are found in the sections, and the few that are present show some proliferation of the cells lining them.

After removal the uterus was found to be only slightly enlarged. When hardened it measured 3 inches in length externally and $2\frac{1}{2}$ inches internally. The exterior appearances were normal. On slitting up the anterior wall of the uterus the cervix appeared normal to the naked eye, but at the fundus and projecting downwards into the uterine cavity was a soft friable growth, which was distinctly paler than the surrounding mucous membrane. Under the microscope, sections taken from the site of the growth show the origin of the growth less clearly than does the tissue removed by the curette, but still its peritheliomatous origin can be made out distinctly in one or two places. Almost the entire growth is made up of cells of approximately the same character as the majority of those seen in the curetted tissue. Scattered about here and there are a few capillaries, but they are by no means plentiful. Strands of elongated cells can be seen at intervals running into the growth from the region

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of the uterine muscle. These seem for the most part either to be or to contain small blood-vessels. No endometrial glands have been seen in any of the sections cut from the site of the growth. The growth infiltrates the uterine muscle at its base, and fairly numerous small round cells are visible scattered among the muscle fibres for some distance towards the peritoneal surface of the uterus. There is much less necrotic tissue in these sections than in those from the tissue obtained by the curettage. Sections taken from the cervix showed nothing abnormal.

Borremann has described malignant perivascular growths as being of two varieties: one the true perithelioma arising from the adventitia, in which the long axes of the cells are arranged radially to the lumen of the vessels (see Plate II. of the present case); and the other, which he called periendothelioma, arising from the endothelium of the perivascular lymphatics, in which the long axes of the cells are parallel to the lumen of the vessels.

If these definitions be accepted, it is submitted that this growth is a true perithelioma. The argument that ordinary sarcoma may show this arrangement as the growth extends and hence that this growth may be an ordinary sarcoma, is met by the fact that the oldest parts of the growth show the peritheliomatous arrangement best. The oldest parts of the growth are distinguished by (1) necrosis (see Plates I. and III.), and (2) a less embryonic type of cell (see Plate III.). The present case, of course, differs considerably from the cases described by Mr. Doran and Dr. Cuthbert Lockyer in the present number of the *Journal of Obstetrics and Gynecology of the British Empire*, both in its site of origin and in some of its innate characters. The only other case of perithelioma of the uterus of which I have been able to find any record was shown to the Royal Academy of Medicine in Ireland by Dr. Hastings Tweedy in November, 1906, but I have not been able to find any account of it in the *Transactions* of that Academy.

The present case was referred to the Pathology Committee of the Obstetrical Society of London, and was reported on as follows:—"We have examined the specimen and the microscopic sections taken from it, and agree that it is a type of sarcoma, best described as perithelioma, for reasons given by the exhibitor."

My best thanks are due to Dr. Dakin, under whose care this case was, for allowing me to publish it.

PLATE I.

PERITHELIOMA OF ENDOMETRIUM.

General view under low power, showing arrangement of growth around the capillaries.

PLATE II.

PERITHELIOMA OF ENDOMETRIUM.

View under high power, showing arrangement of cells about the capillaries with their long axes radial to the capillary lumen. (*N.B.*—The nuclei only show in this photograph.)

PLATE III.

PERITHELIOMA OF ENDOMETRIUM.

View under low power showing one of the older parts of the growth, where the cells are almost glandular in type. Under the microscope blood corpuscles can be seen in the central spaces (such as the one marked $\times$), each of which is surrounded by a layer of endothelium.