Endothelioma of the Vulva.

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A NUMBER of cases of perithelioma and endothelioma of the uterus and ovaries have been recorded within the last few years, but I am unable to trace any record of an endothelioma of the vulva. I therefore feel that this case of mine is worth reporting.

Mrs. S——, aged 32 years, first came to see me in June 1913. She complained of a large lump between her legs, which she had noticed for the first time three years before. It had grown very slowly till within the last six months, during which it had increased rapidly. For the last two months before I saw her, the patient began to feel pain about the swelling. This was, possibly, due to extravasation of blood into the growth.

Her menstrual and obstetrical history was normal. Her general health has never been good since the birth of her only child nine years ago. No gonorrhœal history could be obtained.

On examination, I found a large semi-solid pear-shaped swelling on the outer side of the right labium. It passed from within, upwards and outwards, and was such a size that it displaced the right labium over the middle line, thus obscuring the ostium vaginæ. On palpation the swelling felt tense, but painless; it could be moved from side to side, and could be raised, thus enabling me to introduce my fingers under it. I was also able to reach the upper pole of the tumour. These points helped me in the differential diagnosis and put aside two of the commoner causes of swelling in this region, namely, cyst of the round ligament, and hernia into the labia majora. Bartholin cysts have also to be considered in the diagnosis of labial swellings. These are usually small and almost invariably associated with gonorrhœa, and, according to Veit, if the cysts are large they are most commonly connected with Gärtner's duct. As to the nature of the swelling a provisional diagnosis was made of a fibroma or fibrolipoma. Eventually I removed the tumour, and the patient made an uneventful recovery.

The specimen was sent for a pathological report, which is as follows:—

The tumour is roughly pear-shaped, and after hardening measures 6 by 4 inches. The broad lower portion is covered with pigmented skin, and the rest with loose connective-tissue and fat. On section a unilocular cavity is disclosed containing 500 cc. of a thick, greenish-

Photomicrograph of a section showing the endothelial character of the cells.
× 250.

brown fluid. The wall is firm and fibrous, and the inner surface bears some well-marked ridges which may be the remains of septa across the tumour.

The fluid contains some mucous, leucocytes, endothelial cells, altered blood and granular debris.

Microscopic Examination.

The walls are chiefly composed of fibrous tissue with a number of thin-walled blood-vessels. In places there are some muscular bundles, probably part of the superficial muscles of the perinæum. The fibrous tissue becomes looser towards the cavity of the cyst, and between the bundles of fibrous tissue there are columns of large polygonal cells with sharply-defined cell margins. The cytoplasm is abundant and contains a brownish pigment, no doubt absorbed from the fluid contents of the cyst. The nucleus is small in comparison to the size of the cell and has a nucleolus. The lining of the cavity is formed of an irregular sheet of these closely-packed cells with only a very scanty framework of fibrous tissue. There is no sharp line of demarcation between these lining cells and the fibrous tissue wall; they seem to gradually merge one into the other. There are a few blood-vessels and numerous lymphatics from whose inner walls these cells appear to be growing. The cells show no sign of flattening such as is found in simple cystic dilatations.

The histological characters and the apparent origin from the lymphatics suggests that they are endothelial cells; and they are clearly proliferating. The tumour is, therefore, a benign endothelioma which has undergone cystic degeneration in the centre.

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