On Cancer of the Cervix after Supra-vaginal (subtotal) Hysterectomy for Fibroids.

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THIS paper is written in pursuance of what should be considered a duty incumbent on all those surgeons who are practically interested in hysterectomy, for its object is to record two cases in which, after the performance of supra-vaginal hysterectomy for fibroids, squamous-celled cancer occurred in the cervical stump. This is a subject of great importance, because some writers urge that when it is necessary to remove the uterus for fibroids, it is in the patient's best interest to remove the neck of the uterus also (panhysterectomy), in order to protect her against the occurrence of cancer in the cervical stump.

This matter, which has attracted much attention in France, especially by the writings of Richelot, has not escaped attention in England, for it has been critically considered by Doran, in his *Harveian Lectures*, 1902. The importance of recognising malignant disease as a sequel of supra-vaginal hysterectomy cannot be denied. The subject presents itself for consideration in three phases:—

1. A distinction must be drawn between sarcoma and carcinoma of the stump.

2. The disease may have existed in the cervix at the time of the primary operation.

3. It may occur subsequent to the operation.

This communication is concerned only with cancer of the cervical stump. It is by no means uncommon for a woman known to have fibroids in her uterus to lead a tolerably comfortable life, in spite of fairly profuse and even long-drawn-out menstrual periods. Occasionally a patient of this kind suddenly experiences a marked increase in the flow, or has what she terms a "flooding," is alarmed, and seeks advice. Cases of this kind require careful consideration, for this alteration in the symptoms may indicate changes in the fibroid, or the supervention of cancer. If the patient is a spinster, or married but barren, there may be concurrent cancer of the body of the uterus. If married and fertile the co-existence of cancer of the cervix must be considered, and it is well to bear in mind that an early cancer a short distance up the cervical canal will give rise to bleeding and escape detection by the examining finger. This is illustrated in the following record:—

In 1901 I saw a married patient, 49 years of age, in consultation with Dr. Kockmann on account of excessive menstruation, which we supposed to be due to uterine fibroids. It had long been known that this patient had fibroids in her uterus, but they had caused very little inconvenience until some few months before I saw her, but recently the menorrhagia had become so marked as to render surgical interference desirable. I performed abdominal hysterectomy, October 22, 1901, and at the express request of the patient removed only one ovary and Fallopian tube (the right). The whole of the cervical canal was excised, but I left two thin flaps of the vaginal portion of the cervix. The patient recovered and went into the country. Three months later she complained of recurrence of the bleeding; this puzzled me, and I asked for an examination. To my great distress I realised that the vaginal vault was thoroughly infiltrated with cancer. This opinion I subsequently substantiated by an examination under an anæsthetic and a microscopic examination of a piece of the growth. The patient being rich, passed from one consultant to another, and after a trial of Schmidt's serum died April 6, 1903, from uræmia. Fortunately, the parts removed at the primary operation had been preserved by Dr. Kockmann, and they were carefully examined and reported upon at the London Hospital. From this "report" the following extract is made.—

Naked-eye appearance of uterus and fibroids removed by Mr. Bland-Sutton. They consisted of (1) "The body of the uterus, in which was present a large submucous myoma, several small, peritoneal myomata, and interstitial myomata the size of walnuts."; (2) "The cervix of uterus: the os uteri has an irregular shape, and is eroded. The substance of the cervix immediately surrounding the canal near the os is soft and readily breaks down. Within the muscle tissue of the cervix is a small myoma undergoing calcification."

Microscopic examination of the os uteri removed at operation. This shows undoubted epithelioma; the growth is of the ordinary variety, it had penetrated to a considerable degree into the muscular walls of the cervix; typical pearls are seen, as well as outlying chains of cells in the more distant lymphatics. The epitheliomatous growth is accompanied by an inflammatory reaction which is not excessive. In some places the growth had penetrated the glandular cysts, bringing about a destruction of the columnar cells of the latter. Little breaking down of the cells of the epithelioma is to be seen."

It is quite clear from this independent report that an early unsuspected squamous-celled cancer existed in the cervical canal at the external os at the time of the primary operation in October, 1901,

and I may add: although panhysterectomy was performed in ignorance of this, it failed to exercise any influence for good on the progress of the disease.

The second case is instructive in another way:—In February, 1901, Mr. A. E. Rook, of Eastbourne, asked me to operate on a patient aged 42 years and mother of one child 18 years old, on account of a large abdominal tumour, suspected to be a fibroid, which had undergone some change and rendered her gravely ill. The patient's abdomen was occupied by a lump as big as a uterus at the eighth month of pregnancy; this lump was very tender and the patient appeared to be in a serious condition. Pulse 116 per minute and the temperature 102°.

An operation was decided upon without delay. By means of a very free incision, a large tubo-ovarian cyst, reaching as high as the liver, was exposed; as it had a very broad connection with the uterus, and this organ contained an interstitial fibroid as big as a cricket ball, it was decided to make the operation a safe one by removing the body of the uterus with the tumour. In addition the left Fallopian tube had been converted into a hydrosalpinx of the size of a man's fist, so there were no particular indications to be too conservative in dealing with the case. When the huge right cyst had been removed we found it to be filled with offensive pus, and the cut section of the cervix showed me that the uterus was septic also. Under these conditions I adopted the precaution of stitching the flaps of the cervical stump to the lower angle of the abdominal incision. This proved a wise decision for an abscess formed in it and gave much trouble. In spite of this the patient made a good recovery under Mr. Rook's care.

In September, 1902, Mr. Rook asked me to see the patient on account of some bleeding from a suspicious ulcer on the vaginal aspect of the cervical stump. I soon decided that this ulcer was a squamous celled cancer, and without any delay and with very little difficulty enucleated the stump by the vaginal route. Recovery followed quickly and uneventfully, and the patient allowed Mr. Rook to examine her in February, 1904, and he reports to me that "the local condition is perfectly satisfactory." The roof of the vagina was soft, freely movable, and the patient's general condition excellent. The cervical stump was examined microscopically and found to be the seat of a typical squamous-celled cancer.

The occurrence of cancer in the cervical stump after supra-vaginal hysterectomy for fibroids is a matter which requires the fullest consideration. All cases should be carefully recorded in order that it

may be determined whether cancer occurs more frequently in women who have submitted to this operation than in other circumstances. It is no argument that it is advisable to remove an organ for fear that it may become cancerous. It is quite certain that a uterus may become the seat of cancer after bilateral ovariectomy, but this is no valid reason for excising the uterus when both ovaries require ablation.

LITERATURE.

- RICHELOT. De la dégénérescence maligne du moignon cervical après l'hystérectomie subtotale: remarques sur la myomectomie. *La Gynecologie*, Paris, October, 1903. (In this paper he records three cases under his own care and epitomizes the recorded, and refers to many unrecorded cases mentioned to him by contemporaries.)
- DORAN. *Harveian Lectures*, London, 1902. (At the end of the third lecture there is a critical summary of this important subject.)