

IX.

Tubal Twin Pregnancy.

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THE patient, a married woman aged 35 years, was suddenly seized on October 9th, 1905, with acute pain in the lower part of the abdomen, accompanied by faintness and vomiting. She was put to bed; medical assistance was summoned, and after restoratives had been applied she rallied from the attack.

She continued to suffer great pain (for which morphia was given and repeated), until another acute attack supervened on October 15th, during which her condition became extremely grave. She was removed to a nursing home, and I was asked to see her in consultation. The disturbance connected with her removal the previous evening had upset her, but I was informed that some improvement had occurred.

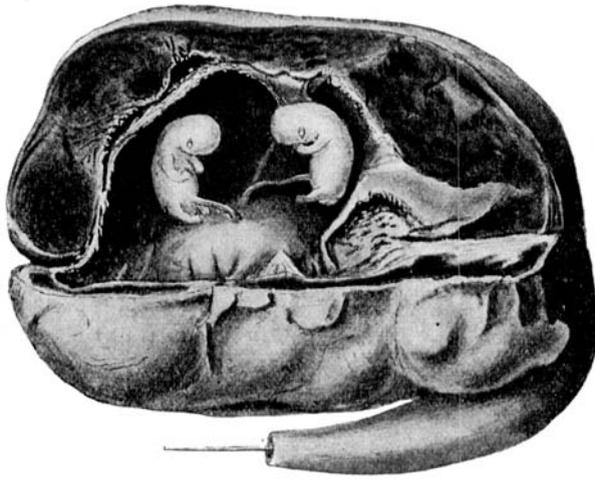
She was extremely blanched, and was unable to answer questions. Her pulse was 140, rapid, and badly filled. The lower part of the abdomen was distended and extremely sensitive on palpation, yet the outline of a tumour could be detected in the left iliac region, and there was impaired resonance in that situation. Bimanually, the uterus was found to be slightly enlarged, and a definite swelling occupied the left posterior quarter of the pelvis, which was continuous with that noted per abdomen.

I was able to obtain from her husband the information that she had missed two periods, the third being due on October 16th. She had been married 12 years, and had had one child, a year and a half after marriage. Her mother had had 14 children, but no history of twins in the family could be obtained.

A diagnosis of tubal pregnancy was made and operation recommended, but owing to her general condition, and the amount of morphia she had had, a guarded prognosis was given.

The abdomen was opened in the middle line, and some dark fluid and blood-clot escaped; the hand was inserted, and the dilated left Fallopian tube was brought rapidly up into the wound after the separation of some adhesions. A large mass of blood-clot surrounded the ampullary end of the tube, and occupied the left iliac fossa. The tube was ligatured and removed and the blood cleared out. There being some oozing from adhesions, a gauze drain was used.

The patient bore the operation well, and her general condition was



The left Fallopian tube containing twin fetuses
(natural size).

improved. She gave considerable anxiety during the after treatment, however, owing to her extreme weakness and emaciation, and she died somewhat suddenly eight days after operation.

She was kept alive by saline infusion and strychnine injections; indeed, on two occasions, I was summoned to her bedside when her pulse was failing, and was able by subcutaneous infusion of salt solution to restore her. Her nurses were unremitting in their care during the whole of her illness.

This case emphasizes the importance of early operation, for I feel sure that the delay in this instance militated against the success of the operation.

A post mortem examination was made by Dr. A. W. Sikes, from whose report the following is an extract:—

“There was no sign of suppuration in the abdominal cavity, but the cæcum was fixed by adhesions.

“The uterus, firm in consistence, was slightly enlarged but otherwise normal. The right tube was normal, the right ovary was enlarged and contained a cyst about $\frac{3}{4}$ in. in diameter, the remains of an old corpus luteum. The left tube had been removed, the ligatures were in place, and the part appeared quite healthy; the left ovary was also large. There was no thrombosis seen in the pelvic veins or in the vena cava. The right femoral vein was normal, but there was a thrombus in the left femoral vein. This was loose, and easily removed, and the wall of the vessel did not show any change except some staining.

“The liver was normal; there were no stones in the gall bladder. The spleen (4 oz.) was firm and healthy.

“The lungs (right 14 oz., left 14 oz.) exhibited no infarcts and were not congested. No thrombi were present in the pulmonary veins. The heart ($8\frac{1}{2}$ oz.) contained some clot in the right auricle; the valves were healthy. There was no fluid in the pericardium. In each pleural cavity there were about 6 oz. of serous fluid.

“Kidneys (right 4 oz., left $4\frac{1}{2}$ oz.). The cortex was smaller than normal and streaked, the capsules were somewhat adherent. Both kidneys were affected with a certain amount of chronic nephritis.

“The intestines were normal with the exception of the cæcum which was adherent.”

The post mortem examination did not reveal the cause of death. I thought it might have been an embolus, but gradual cardiac weakness was the probable cause.

Description of the parts removed.

As seen in the accompanying natural size drawing, the specimen consists of the dilated left Fallopian tube, exhibiting a cavity towards the ampullary end, which measures 3 cm. by $2\frac{1}{2}$ cm., and is occupied

by two foetuses. These are attached by separate umbilical cords, and one foetus is smaller than its fellow. The cavity containing the foetuses is enveloped by blood-clot, and the fimbriated end of the tube is sealed. The tube has been incised along its superior border, and the two halves pulled asunder to disclose the amniotic cavity.

Under the designation tubal twin pregnancy, three distinct conditions are included.

- (1) Where one ovum is intra-uterine and the other extra-uterine.
- (2) Where each tube contains an ovum.
- (3) Where both ova are contained in one tube.

It is to the third class that the term tubal twin pregnancy should be restricted, and of which the case just described is a good example.

Many examples of the first variety have been recorded, and even up to the year 1896 Patellani had collected 37 cases.

The second variety (of which a good account is given by Jayle and Nandrot, *Revue de Gynéc.*, viii., 1904, pp. 195—226) is held to be the rarest. Coe, *Med. Record*, New York, May 1893, p. 667; Kristinius, *Wien. klin. Woch.*, 1902, Nr. 47); Psaltoff, *Cent. für Gyn.*, 1903, Nr. 47, p. 1409, record illustrative cases as well as Henricius and Kolster, *Arch. für Gyn.*, Nr. 58, p. 95.

Professor Schauta exhibited a specimen of the third variety or true tubal twin pregnancy at a meeting of the Obstetrical Society of Vienna, of which a description is given in the *Zentralblatt für Gynäkologie*, 1905, Nr. 2, p. 45. The tube contained two ova, one quite small, median in situation, $1\frac{1}{2}$ —2 cm. in diameter; the other situated laterally, 4—5 cm. in diameter, contained a macerated foetus 6 cm. long. Both ova were markedly infiltrated with blood, and separated by a distinct annular zone from the normal tube wall. It was inferred from the clinical history that early death of one embryo had occurred. Professor Schauta mentioned that he had been able to obtain records of 19 examples of this type, but whether others are included I am unable to state, for I have failed to find references to this particular variety, and so cannot trace the nineteen examples. Saniter, however, has recorded and figured an illustrative case in the *Zeitschr. für Geb. und Gyn.*, 1905, Bd. lv., p. 492, where the right tube contained two ova of different sizes; the smaller had a diameter of 1—2 cm., and was situated 2—3 cm. from the uterus, while the larger was nearer the fimbriated extremity, being separated from its fellow by 2 cm. of tube. It was about equal in size to a hen's egg, and contained a foetus 4 cm. long. Both ova had ruptured, the former through a punctiform tear, the larger through a gaping aperture in which the ovum rested as if in an egg cup. Both the elder sister of the patient and her grandmother had had twin pregnancies. The clinical history is not different from that of an ordinary tubal pregnancy. Saniter's patient

was 37 years of age and had had a normal confinement 9 years previously. The menstrual periods had ceased for two months. There was also some uterine hæmorrhage about four weeks before the operation, followed a week later by a slight fainting attack. Under anæsthesia, thickening of the right tube was felt.

The special interest attaching to the case reported in this paper is that the tube contained two fœtuses enclosed in one amniotic sac, and of this condition I have been unable to find any other example.

It is a curious coincidence that in my private work I have happened to meet with two of the rarest complications of tubal pregnancy, *viz.*, an example of torsion of the pedicle of a gravid tube* and the occurrence of twin fœtuses in one tube.

* *Lancet*, May 9, 1903.