

VASCULAR TUMOURS OF THE ABDOMINAL WALL.

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THE following cases I wish to bring under the notice of this Section of the Academy:—

CASE I.—A young lady, Miss F. K., aged twenty-two years, was sent to me by my colleague, Dr. Glenn. She stated that since she was a young child she had noticed a lump in her left side just below the costal margin, but that latterly it had increased in size and caused her considerable pain. On examination I found an elongated sessile tumour as large as an adult hand with the fingers held semi-flexed and in apposition. The upper end of the tumour lay over the left lower ribs in the anterior axillary line, and the lower end reached a point internal to the left anterior superior spine of the ilium. Pressure on the tumour caused considerable pain. The consistence of the mass varied, some parts feeling tense and some soft and lobulated; the edge was not well defined; the skin was movable except in the centre of the growth where it appeared to be deeply adherent. A diagnosis of lipoma with cysts was made, but no opinion given as to the nature of the cyst contents.

On October 20th, 1898, I operated, first making an incision into the centre of the tumour opening a cyst as large as an egg, and from this breaking open several other cysts with a scissors. The fluid in the cysts was clear like serum. I next made an elliptical incision surrounding the adherent portion of skin, and then dissected out the mass laying bare the abdominal muscles. The edges were very ill-defined, and several smaller cystic spaces seemed to branch out into the subcutaneous tissues at the upper and posterior margins. These I laid open with a scissors, and closed the wound entirely by deep and superficial silk sutures. Convalescence was uneventful, the sutures being removed on the seventh day, when the wound was entirely healed, and the patient was discharged November 2nd, thirteen days after operation.

The parts removed were examined by Dr. H. C. Earl, who reported that they consisted of adipose tissue connecting together several cysts of various sizes lined by endothelium and containing smooth muscle in their walls. He considered that they were of lymphatic origin. I consider the tumour interesting, as it is evidently of the same character as those rare tumours of the neck called cystic hygromata.

The after-history of the case is of interest, as about ten days after her discharge she came to me stating that the lower part of the scar felt sore. On examination I found that she had evidently scratched the scar, and there was a typical blush of erysipelas spreading from it. In spite of treatment this spread, and she passed through a very severe attack of cellulito-cutaneous erysipelas which necessitated several free incisions. The true area of lymphatic enlargement was well defined by this time, as the swelling spread almost to the spine behind and half way up the ribs towards the axilla.

I am happy to say the patient recovered in a few weeks and is to-day in perfect health and has no sign of any abnormality. This attack of inflammation still further makes the tumour resemble the cystic hygromata, as it is well known how prone they are to severe attacks of inflammation following the least interference.

CASE II.—A baby, eleven months old, sent to me by Dr. Flannery, of Tubbercurry, County Sligo. On examination the patient seemed to be a well-grown boy for his age, but looked very white and fretful. On his head, in the region of the lambda, was a prominent nævoid growth of the size and appearance of a raspberry. On the abdomen was a large ulcerated, painful, purple tumour, which bled on the slightest irritation. It was raised above the surface one centimetre in its thinnest portions and two centimetres in its thickest portions. It measured sixteen and a half centimetres ($6\frac{1}{2}$ inches) across and eleven and a half centimetres ($4\frac{1}{2}$ inches) vertically. It almost filled the right hypochondriac and lumbar regions, and encroached on the right iliac region and on the right side of the umbilical region; in fact, it covered fully a third of the infant's abdomen.

The mother stated that shortly after birth she noticed a small

red spot about the size of a pin's head in the position of the present growth, and that it had steadily increased ever since. She stated that the small tumour on the child's head had only appeared lately. Seeing that the tumour was growing rapidly and bleeding freely, notwithstanding its large size and vascular nature, I determined to remove it. I first removed the small growth from the scalp, and, whilst the infant was under the anæsthetic, thoroughly examined the connections and movability of the larger one. A week later, July 26th, 1898, I again gave the child an anæsthetic and removed the larger mass in one piece by a specially devised operation, and stitched up the large wound thus resulting. There was only about an ounce of blood lost during the operation, and the child recovered uneventfully and was discharged within a month. I heard lately from Dr. Flannery that the result has been a perfect success, and that there is no sign of any recurrence in either situation.

The tumour was examined by Dr. H. C. Earl, who reported that it was a nævus composed of veins and capillaries. The chief point of interest for this Section of the Academy is the rapid growth of the tumour, the details of the operation being too purely surgical to warrant any description on my part.