Phelps (6,)

Reprinted from the New York Medical Journal for February 10, 1894.

A CASE OF INTRA-ABDOMINAL SARCOMA.*

By CHARLES PHELPS, M. D.

I PRESENT a specimen of tumor which I removed two weeks ago, and which was situated partly within and partly without the peritoneal cavity. A pelvic origin was excluded by gynæcological examination, but its exact location and character occasioned some differences of opinion.

The patient, a woman aged forty-two years, has had no serious illness at any time, and, with perhaps the exception of a single incident, her history affords no suggestion of the existence or development of the disease from which she suffered. Eighteen years ago she was startled by the sudden appearance of a tumor in the left abdominal region, followed by local pain and by vomiting after the ingestion of food. After three months this tumor disappeared. In October last she discovered the present tumor in the median abdominal line. Its advent was as sudden and unexpected as that of its predecessor, and occurred to her while she was standing at the washtub. She was admitted into St. Vincent's Hospital three weeks later. It was firm, irregular in outline, hard, and freely movable. At one

* Read before the Society of the Alumni of Bellevue Hospital, December 6, 1893.

COPYRIGHT, 1894 BY D. APPLETON AND COMPANY.

SURGEON GEN'L'S OFFICE. 513 LIBRARY.

point, to the right of the median line, it was adherent to the superficial tissues, and the skin was beginning to inflame. It was not tender, but occasioned pain when she moved about. She was able to retain only fluid food, and movements from the bowels were natural.

An operation was done on November 21st, four weeks after the patient's discovery of the tumor. It was found, on incision through the median line, that the growth was in greater part intraperitoneal, but involved the abdominal wall from within as far as the deep surface of the superficial fascia. The anterior portion was first removed as a flattened mass from the rectus sheath. The muscular planes were then pushed aside and the remaining portion was circumscribed by an incision through the peritonæum, after the rectus muscle and sheath had been cut through above and below. The omentum, which with the peritonæum was incorporated with the tumor, was cut on either side, adhesions to the transverse colon and small intestine were separated, and the entire mass, including implicated mesenteric glands, was enucleated from the mesentery. No portion was left behind. This necessitated a loss of peritonæum of about six by four inches The wound was closed without difficulty, except that in its center the peritoneal edges could not be brought in contact. Recovery has been somewhat retarded by the formation of parietal abscesses, but has been otherwise uneventful.

Subsequent microscopic examination of a portion of the tumor situated immediately behind the rectus sheath determined it to be in part a mixed-cell sarcoma and in part a fibro-sarcoma.

It seems probable that its origin was intraperitoneal, from the fact that its larger portion occupied that position, as well as from the further fact that the rectus sheath and muscle, though more or less infiltrated, had everywhere retained their general integrity of outline, which was hardly to be expected if they had constituted the elder site of disease.

It is at least possible that the tumor which so suddenly appeared and so rapidly disappeared eighteen years previ-

ously may have been only the beginning of this one which became evident in October last. This supposition is to some extent strengthened by the fact that this tumor, like the first, was developed from the left side. If such a lengthened period of quiescence is not to be assumed in the growth of a sarcoma, it is quite credible that a simple adenoid phlegmasia in the mesentery may have temporarily become prominent only to quickly subside, and at an indefinitely later period terminate in sarcomatous connective-tissue degeneration. Such a history would be not only of great interest in itself, but corroborative of our present belief in the necessity for the earliest practicable removal of all analogous as well as heterologous deposits. This is, however, only a speculative suggestion, as incapable of proof as of refutation.