

BATTEY (R.)

Fibro-cystic tumor of the neck



Batley (R)

FIBRO-CYSTIC TUMOR OF THE NECK,

BY

ROBERT BATTEY, M. D.,

ROME, GA.

BOSTON MEDICAL LIBRARY
264
SURGEON GEN'L'S OFFICE LIBRARY

Mr. Colman Keen, of Walnut Hills, LaFayette County, Arkansas; a native of Washington County, Ga., aet. 43; weight 145 pounds; race, Caucasian; occupation, farmer; physique, tough and wiry; tissues like good old bacon, firm and dry; married, father of seven children; always enjoyed good health, and still able to do effective labor on the farm, notwithstanding his grievous burden, of which he seeks relief. His father died at the age of 45, of typhoid fever; his mother at 40, with general dropsy.

Sixteen years ago, he observed a small tumor developing beneath the jaw, in the region of the left submaxillary gland. It gave him no pain, grew slowly, and did not command much of his attention for some years. It was hard, and quite movable. As the tumor enlarged, it progressed both upwards towards the ear, and downwards along the anterior margin of the sterno-cleido muscle. For several years past it has increased in a much more rapid way, and has become soft at a number of points upon its surface. During the past twelve months, the augmentation in bulk had become so rapid as to alarm his fears, and add seriously to his burden.

On examination, I found the large irregular tumor, illustrated in Cut I. It was moderately movable in a direction upwards and downwards, and much more freely so in the direction forwards and backwards. Above, it had involved the lobule of the left ear, and completely closed the external meatus, depriving him for the time of the sense of hearing upon the left side. In a forward and upward direction it had surmounted the lower jaw, and formed a broad and firm attachment to the zygomatic arch and superior maxillary bone, by which the weight of the tumor was chiefly supported. Below, it had burrowed its way downwards and forwards, until it passed the median line and rested upon the trachea and sternum. Behind and below, the base of the tumor reached to the clavicle, and the pendulous portion

hung down upon the chest, as shown in the cut. Its surface throughout was irregular and nodular, soft and elastic rather than fluctuating in some of its parts; in others, quite hard and resisting to the touch. So completely were the carotid vessels covered in by the tumor, it was impracticable to feel the arterial pulsation at any point. The superficial veins were not enlarged; the course of the external jugular could not be traced at all. The skin was not actually adherent at any point, and yet it did not move with freedom over the tumor. From the history and external characteristics of the growth, a diagnosis of fibro-cystic tumor



Cut I.

of the neck was unhesitatingly made, without resort to the exploring needle, which was deemed unnecessary.

With a rest of but a single day from his journey, and without any attempt at systemic preparation, he was subjected to operation on the eleventh of November last, my partner, Dr. G. W. Holmes, and Drs. T. J. Word, and A. P. Richardson kindly assisting me. The patient having been fully etherized, a large anterior flap (see Cut II) was reflected upwards upon the face and anterior surface of the neck, and a correspondingly large posterior flap was turned down over the chest and shoulder. These flaps were purposely left of ample size, to provide for much shrinkage, and to avoid any tension in the sub-max-

illary fossa. The formation of the flaps required slow and tedious work, as the connections between the tumor and the adjacent tissues were very firm and intimate, and the vessels, though for the most part of small calibre, were quite numerous, ten or twelve ligatures being required, besides torsion of a number of others. Each vessel was dealt with in turn as it was severed. The external jugular was found to pass through the centre of the tumor, and it was ligatured and divided upon either side, a double ligature being used in each case. Care was used in the dissection to keep fully down upon the tumor, and to follow closely the line of demarcation between it and the surrounding textures, thus avoiding confusion and uncertainty, and enabling me to enucleate the tumor cleanly and completely, as will be seen in the photograph from which Cut II is taken. Fortunately, the deeper portions of the growth which lay upon the



CUT II.

parotid gland and dipped down rather deeply in the carotid space, did not involve either of those large vessels, the internal jugular vein, nor the pneumogastric, phrenic, or other important nerve. Notwithstanding the great precautions taken to avoid any unnecessary hemorrhage, the operation was a bloody one, as such operations upon the neck usually are. That it should have been so, is not surprising, when it is stated that the raw surface exposed on lifting out the tumor could not have been fully covered by a dinner-plate. Upon the completion of the operation, the pulse was still fairly good, notwithstanding the very considerable loss by oozing of the surfaces. The flaps, with a single slight trimming at the upper angle, were brought together in a line connecting the ear with the top of the sternum, in such manner as to hide the cicatrix in the cervico-maxillary fossa, and were united by

numerous points of silk suture. At the upper angle, the loose skin was utilized, by folding in such manner as to reproduce the lobule of the left ear very perfectly. The submaxillary space was well filled up with soft sponges, as recommended by Gross, surmounted by compress and bandage, to keep the flaps well in contact with the subjacent tissues. This arrangement was found to work admirably, and as I think the event showed, with great advantage to the patient.

The patient rallied well from the operation, was cheerful and comfortable, requiring no morphine until night, when a single dose secured good rest. At 6 P. M., the pulse was 120, the temperature 99.7° ; at 9 P. M. the figures fell to 96 for the pulse, and 99° for the temperature. On the morning of the second day, the pulse was 120,



CUT III.

temperature 101° , and in the evening, pulse 130, temperature 103° . At night, twelve grains of quinine were given, but, as the stomach rejected it, no more was attempted. On the third day morning, the pulse⁹⁶ and temperature had dropped to 96 and 100.5° respectively. The dressings were now removed for the first time, and the lips of the long wound appeared well adherent throughout. A grain and a-half of saccharine calomel* was placed upon the tongue, with a view to

* See *Atlanta Medical and Surgical Journal* for August, 1873, p. 261.

move the bowels. From this time forwards, there was no considerable rise in either pulse or temperature, and everything progressed as favorably as could be asked. The bowels moved satisfactorily on the fourth day. Upon the fifth day, he called for food and sat up in a chair. On the seventh day he got on his clothes, and sat up most of the day. He was on his usual diet, and the appetite was sharp. On the twelfth day, most of the ligatures came away, and he was out upon the street. Thirteenth day the last ligature came away; upon the street several hours. Fifteenth day, photograph taken, (see Cut III,) discharged to visit friends in Alabama. The wound was now healed, excepting at two points, either of which might be covered by the tip of the finger. In three days more I saw him upon the cars, en route for his home in Arkansas, in fine health and spirits, duly thankful for his riddance from the burdensome load which had caused him to take so long a journey. On the twenty-sixth of December he writes, that soon after his return home, a small abscess formed behind the angle of the jaw, which discharged itself, since which he has been entirely well.

The tumor removed (Cut II,) weighed four and a-half pounds. In general appearance it reminded me strikingly of a fibro-cyst of the ovary which I had formerly removed from the abdomen, with the single exception that the cyst walls were very much more thin and delicate, in the case under consideration. It consisted of a dense, fibrous portion, in which were bedded numerous small cysts, and which was surrounded by quite a number of larger cysts, varying in size from that of a hickory nut to the dimensions of a large orange. Like the ovarian tumor, the contents of the cyst varied from the color of light yellow serum to the brown color of coffee decoction, and like the ovarian tumor, the consistency of the liquid was somewhat mucilaginous or viscid. In the cut, the arrows (*d. d.*) point to the fibrous portions of the tumor; *a. a.* to the larger cysts; *b. b.* to large cysts emptied and tied; and *c. c.* to some of the cysts of smaller size.

In connection with this case, a few thoughts present themselves which may not be unworthy of mention. Why should a tumor of the neck be allowed to grow to such enormous proportions, as in this case, when the dangers and difficulties of its extirpation are constantly augmenting? Doubtless in some instances, want of proper knowledge on the part of medical counsellors, leads them to advise delay, because of an exaggerated estimate of the dangers of surgery of the neck. In other instances there is reason to fear a want of confidence in himself

to give the proper remedy, is coupled with an unwillingness in the family attendant that his patient shall have relief at the hands of another. When it is considered that these tumors ordinarily are somewhat superficial in their early stages, and prone, as they advance, to strike deeply down amongst important nerves and vessels, it seems scarcely probable that a patient before whom the facts were fairly put, would deliberately carry, month by month, and year by year, a tumor which must eventually be extirpated, and this at a constantly increasing hazard. Next to the skilled physician who cures his malady, a grateful patient will always hold in kindly remembrance the faithful monitor who points out his danger, and directs him to the competent specialist who removes it.

I have designated this tumor fibro-cystic, for such it seems to me to be, although it is certainly very closely allied to the "congenital cystic tumor" of Gross, and is probably identical with the rare form of admixture of fluid and solid material, which he mentions as characterizing a case of his own, and one reported by Otto. In this instance, however, I have, on careful inquiry, failed to elicit any information which would lead to the belief that the tumor was congenital. The patient asserts unequivocally that he was twenty-seven years old when he first noticed the growth, and that it was then but a mere marble in size. And more than this, by one of those very common but nevertheless strange coincidences which are so frequently observed in medicine as well as in surgery, scarce a month elapsed from the discharge of Mr. Keen when another man of middle age, from the State of Alabama, presents himself for operation, with a large tumor of the neck, differing apparently from the former one only in the two points of its somewhat smaller size and its situation upon the opposite side of the neck. So clear do I esteem the case, I do not hesitate to pronounce it to be a fibro-cystic growth of the same character as the other. The history given is that it first appeared at about forty years of age, and upon the lower jaw instead of under it. It seems to me that it may be fairly asserted in these two cases, that the disease is not congenital.

An attempt was made in the operation to expedite matters by using the handle of a scalpel to enucleate the tumor, it, however, proved to be wholly unavailing, as the attachments were so intimate and so firm everywhere that perseverance with this instrument would quickly have resulted in a general rupture of the cyst walls, and such inextricable confusion as must have ended in humiliating defeat. By raising the

tissues upon a grooved director in small portions at a time, and severing them with scissors close down to the boundaries of the tumor, the latter was kept in full view throughout, and the whole operation proceeded with system and satisfaction. Care was used in the formation of the flaps to place the line of union as accurately as possible in the cervico-maxillary groove so as to hide the cicatrix from front view. The success of this is well shown by the photograph from which cut III is taken.



