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AN EXTRAORDINARY CASE

OF

TWISTING OF THE UTERUS

AS THE

PEDICLE OF A LARGE FIBROID TUMOR OF
MANY YEARS' EXISTENCE.

BY



JOHN HOMANS, M.D.,

Instructor in Harvard University; Surgeon to the Massachusetts General Hospital,
Boston, Mass.

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Miss F., 58 years old, was attacked with sudden agonizing pain at 3 A.M. on February 3d, 1891. She was aware that she had had a fibroid tumor of the uterus for sixteen years. A subcutaneous injection of morphia made her more or less comfortable. The temperature was normal and the pulse 80 per minute. On the 6th, when I saw her for the first time in consultation out of the city, her temperature had risen to 100° and her pulse to 90. I found the abdomen very tender and filled with a hard, round tumor extending above the umbilicus and to either iliac spine. She had been vomiting—as the attending physician thought, from the morphia, but very likely from the peritonitis—but was able to take and retain milk and gralum. I thought that the pain, tenderness, and vomiting were caused in some way by the fibroid tumor, and yet there was no obstruction of the bowels. If the tumor had been an ovarian one I should have known at once that its pedicle had become twisted, but I never dreamed that a large fibroid which included the uterus could twist that organ and become strangulated. I suggested immediate laparotomy, but it was not acceded to. I could not promise a cure, but I said that operation was the only thing to be done. The vomiting gradually ceased, and as the days went on the temperature gradually rose to 102.5° on the 8th of February, and the pulse to 110. The tenderness and moderate distention remained the same, requiring morphia. More or less cough and rapid breathing developed (pneumonia), with purulent expectoration. I saw her again on the 14th of February. At this my second visit the temperature was 104° and the pulse 130. When not under the influence of

morphia the cough and any movements of the body caused great pain. Having settled her business matters, she was desirous of the operation, which she thought would end her sufferings and her life, but she did not expect to recover. It seemed to me hopeless to operate. The only chance was within the first few days of the attack.

The bowels had moved on the 12th. There was now, in addition to the peritoneal irritation, some pneumonia and considerable cystitis.

On the 17th there was some exaltation, talking almost incessantly, and even singing. The temperature gradually fell until, on the 2d of March, it was normal. The abdominal tenderness also diminished, but the cystitis increased and the bladder was washed out. At this period she was taking only one-third of a grain of morphia in twenty-four hours. From this time onward she had no marked symptoms except increasing loss of strength and occasional pain. The temperature and pulse gradually rose to 102° and 140, respectively, and she died on March 14th, on the thirty-ninth day of her illness. There seemed to me no time when she could have been etherized and operated upon with any hope of success after the first week. I have given this condensed clinical history of the case in order to introduce an account of the very remarkable state of things revealed by the autopsy.

Autopsy.—Body of a small, emaciated woman. Head not opened. Heart small, slightly opaque, flaccid, otherwise not abnormal. Lungs contained a little frothy fluid. In the right lung, at the middle of the lower part of the upper lobe, was a solidified mass the size of an orange, opaque and greenish on section. The peritoneum was covered with a purulent and fibrinous exudation, and the coils of the intestines were glued together. The lower part of the abdomen was occupied by a large, smooth, rounded growth arising out of the pelvis to a point above the umbilicus. The omentum was spread out over this growth and was adherent to it. The tumor was dark-colored on the outside and reddish-purple within. To it was attached another smaller, rounded mass into which the Fallopian tubes entered, and to which were attached the broad, the round, and ovarian ligaments and ovaries, and in which was contained a cavity, smooth-walled,

recalling the cavity of the uterus. To this was united the cervix uteri by a broad, flattened band of fibrous tissue, forming a pedicle which had been twisted one and one-half times on its axis from left to right. The twist was very tight, resembling a rope, and in it were contained, in addition to the flattened body of the uterus, both broad ligaments with their contents, and both ovaries more or less cut off from their blood supply. The circulation in the tumor had been completely cut off and it was strangulated. Careful examination failed to reveal any passage leading from the cervix to the fundus of the uterus through this fibrous band. Section through the large tumor showed it to be of a fibromyomatous structure and infiltrated with blood. The mucous membrane of the bladder was covered with crustaceous masses and inflamed. The other organs presented no marked changes.

Diagnosis.—Fibro-myoma of the uterus. Congenital (?) separation of the fundus from the cervix uteri, twisting of the pedicle thus formed, and strangulation of the mass above. Acute purulent peritonitis. Lobular pneumonia. I am sorry the exact weight and dimensions of the tumor cannot be given. I should say the weight was about six pounds and the diameter about nine inches.

How this great solid mass could have been twisted on the middle of the uterus as its axis is a mystery. Whether this partial separation of the body of the uterus from its neck was congenital, or whether the twisting had come on gradually and thus had elongated the junction of the cervix and body of the uterus until it had become a mere band, cannot easily be determined. I think the separation and elongation must, however, have been gradually produced. The case is worth putting on record on account of its extreme rarity. Indeed, I have never seen or heard of a similar case, but I have made no special search to find one.

