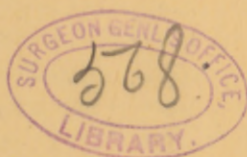


KRUSEN (W.)

*Two Cases of Parotiditis  
following Cœliotomy.*





## TWO CASES OF PAROTIDITIS FOLLOWING CÆLIOTOMY.\*

BY WILMER KRUSEN, M. D.

### *First Case: Non-suppurative Parotiditis.*

L. O., aged seventeen years, an Italian, admitted to the Jefferson College Hospital, October 11, 1893.

*Diagnosis.*—Retroversion of uterus with inflammatory adhesions and hypertrophied cervix. The patient was operated on October 16th by Dr. Montgomery, the cervix amputated by Schröder's method, the abdomen opened and both appendages removed, and the uterus sutured to the anterior abdominal wall.

On the second day after the operation a marked swelling of the right parotid gland was noticed, with localized heat and marked tenderness. At first cold lead water and laudanum was applied; later, simply the ice-bag, and the symptoms and signs gradually disappeared. No evidence of suppuration, either locally or constitutionally, was present, and her subsequent recovery was uneventful.

### *Second Case: Suppurative Parotiditis.*

A. S., aged thirty-two years, was admitted to Jefferson Hospital on January 3, 1896.

*Diagnosis.*—Uterine fibroid and ovarian cyst. Operation on January 7th by Dr. Montgomery performing supravaginal hysterectomy and removing the cyst. On January 11th, the fourth day after the operation, the patient developed a parotiditis, the gland being markedly swollen, swelling extending forward to the cheek, upward beyond the zygoma, downward and backward to the neck;

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it was tense, hot, and very painful. After about four days the swelling subsided, only to reappear on the 24th inst., seventeen days after the operation. Four days later the most prominent portion of the gland was incised, and about four drachms of pus evacuated. After this the swelling gradually abated, and the patient was discharged on February 19, 1896. An examination of the pus made by Dr. D. Braden Kyle showed the presence of *Streptococcus pyogenes*.

The occurrence of parotiditis after cœliotomy is one of the more infrequent sequelæ, and, according to Pozzi, has always been considered as evidence of a certain degree of septicæmia. In fact, it was formerly the cause of a grave prognosis.

In the first case reported one would suppose that change in the parotid gland depended simply on the inexplicable sympathetic connection between the ovary and parotid gland (which seems closely allied to the sympathy existing between the uterus and the thyroid gland). The normal temperature and absence of other evidences of suppuration, and the rapid subsidence of other symptoms, argues against the septic process. In the second case the development of the parotiditis, followed by the total disappearance of the swelling, and ten days later the occurrence of a secondary parotiditis suppurative in character, is unusual. An interesting fact in regard to these two cases is that they were both foreigners, one an Italian, the other a German, neither one being able to communicate with nurses or attendants in English. In the second case, acute mania was also a complication. In neither case did an examination reveal any complication within the pelvis. From these cases we may infer that there is a sympathetic parotiditis following operations or injuries to the abdominal or pelvic viscera, which is simply and purely reflex, while another class of cases is probably septic in character, and attended by suppuration in the gland. Cases have been reported of parotiditis following not only abdominal operations, but also operations for perineorrhaphy and hæmorrhoids.

In the wide experience of Goodell he records but three cases, and he considers them not due to a mere coincidence, but caused by a reflex sympathy between the ovaries and these glands. What has been termed parotid bubo may occur after ovariectomy, usually associated with general septicæmia. Ross, of Toronto, in a paper before the American Association of Obstetricians and Gynæcologists, reports a case of suppurative bilateral parotiditis developed

on the tenth day after operation, and the case terminated fatally on the forty-sixth day. Prior to death paralysis of the left side of the face and drooping of the left eyelid were noticed.

Paget has collected one hundred and one cases of parotiditis following injury to the abdominal or pelvic organs, and due not to pyæmia, but to reflex nervous action. Fifty of these were due to slight injuries, as a blow or the introduction of a pessary. It may occur during pregnancy. In seventy-eight of these cases, forty-five of them were suppurative and thirty-three resolved without supuration. Symptomatic parotiditis may occur in typhoid fever, pneumonia, scarlet fever, and other medical diseases. In some of these cases the inflammation extended from the mouth to the parotid gland, and argues in favor of cleanliness of the mouth and attention to the teeth and tonsils. The treatment is carried out on ordinary surgical principles.







