

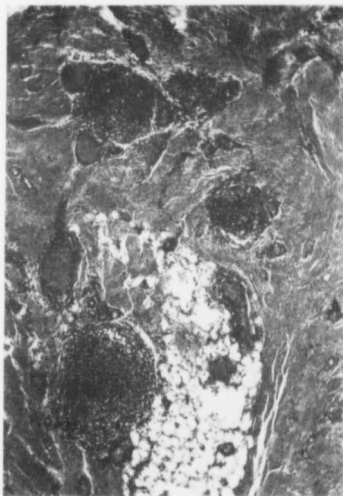


Fig. 2. Apparently discrete myomatous nodules in an adenomyoma of the round ligament. Gyn.-Path. No. 10,018. The greater part of the specimen stains diffusely. It consists chiefly of fibrous tissue and contains non-striped muscle. It will be noted that the adipose tissue at the bottom is being irregularly replaced by fibrous tissue. There are three distinct areas that have a whorled appearance. They form a roughly triangle in the picture. These areas are very cellular, and closely resemble young myomata. They may possibly, however, be very cellular areas of the characteristic stroma that usually surrounds uterine glands.

over a considerable area. The adhesions were gradually loosened and the raw area on the bowel was closed. The lumen was not injured. I then examined the omentum and found that it passed down through a hernial opening near the right internal inguinal ring and then directly into the adipose tissue of the anterior abdominal wall. The omentum was cut off at the internal ring, tied, and pushed out of the way. The extraperitoneal portion of the omentum was left undisturbed. The peritoneum over the internal ring was now closed from within. I then removed the appendix which showed evidence of old inflammation, there being present adhesions passing off from it in various directions.

After closing the abdomen I made an incision over the tumor in the right inguinal region. This



Fig. 3. Adenomyoma of the round ligament. Gyn.-Path. No. 10,018. The solid portion of the specimen consists of non-striped muscle and fibrous tissue. A little below the center of the field is a gland lined with one layer of cylindrical epithelium. In some places it is separated from the tumor proper by a definite stroma.

Projecting from the surface on the right of the specimen is a dome-shaped mass of tissue very rich in cells with oval nuclei. This tissue is identical in every way with the characteristic stroma of the uterine mucosa. In the lower part it contains a small gland lined with one layer of cylindrical epithelium. The surface of this dome-shaped mass of stroma is covered over with one layer of cylindrical epithelium.

The entire picture is that of a typical adenomyoma. The dome-shaped mass of mucosa evidently projected into one of the cyst-cavities noted macroscopically.

tumor was adherent to the skin. The skin was dissected back and the mass literally cut away from the fascia. There were numerous cysts, some filled with clear contents, others with a slightly turbid fluid, and quite a number with chocolate-colored fluid, strongly suggesting adenomyoma. Adenomyoma was considered probable, some stress being laid upon the declaration of the patient that the lump appeared to increase in size at each menstrual period. After dissecting away the lower portion of the tumor, which was also adherent to the fascia, I now lifted up the omentum from the hernial opening. The hole left near the internal ring was slit-like in form, about 1 cm. long and 4 mm. broad. It was closed with kangaroo tendon. To dissect back the fascia, and do an orthodox operation