ADENOMYOMA OF THE ROUND LIGAMENT AND INCARCERATED OMENTUM IN AN INGUINAL HERNIA, TOGETHER FORMING ONE TUMOR!

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OR many years isolated cases of adenomyoma of the uterus have been recorded, but it was not until the epoch-making monograph on the subject published by von Recklinghausen that we were given a thoroughly comprehensive picture of this condition. In March, 1895, I reported my first case of adenomyoma of the uterus, before the Johns Hopkins Medical Society; since then I have been much interested in adenomyomata.²

In 1896 it fell to my lot to record the first case of adenomyoma of the round ligament. At this time I sent Professor von Recklinghausen a slide from the round-ligament tumor and when writing me a short time later he said that he had shown my section before the Naturforscher Versammlung at their Frankfurt meeting. Since that time quite a number of adenomyomata of the round

ligament have been detected.

When analyzing the umbilical tumors recorded in the literature I encountered quite a number that had been variously diagnosed. These tumors were found only in women, tended to swell at the menstrual period, and occasionally discharged a little blood at the period. On section some of them contained small spaces filled with old blood. These tumors proved to be adenomyomata of the umbilicus. To Goddard belongs the credit for first properly interpreting these tumors.

More recently adenomyoma of the rectovaginal septum has been noted. Cuthbert Lockyer and Jessup have each recorded two cases and I have had four. In 1899 my colleague, Dr. William W. Russell³ reported

Collect Memors S. Adenomyona of the round ligament, Johns Hopkin Hop, Bull, 1896, May and June, Nos. 6: and 6; Adenomyona there are diffusion benignum, Johns Hopkins Hopk, Reports, 1965, M. 1888, M. 18

³ Russell, William W. Aberrant portions of the Muellerian duct ound in an ovary. Johns Hopkins Hosp. Bull., 1899, x, 8.

a case in which a large amount of uterine mucosa was found in the hilum of the ovary. In this instance, however, no myoma existed.

From the foregoing, it will be seen that we may find adenomyoma in the uterus, round ligaments, rectovaginal septum, or in small umbilical tumors.

Nearly three years ago I encountered another adenomyoma of the round ligament. Of this case I herewith give a brief report:

Mrs. J. Q. J., aged 43, was referred to me by Dr. N. C. Trout, of Fairfield, Pa., and admitted to the Church Home and Infirmary March 6, 1913. She had complained of a lump in her groin for several years. This was very firm and appeared to be cystic. It was about 4 cm. long, 2 cm. broad, and somewhat lobulated (Fig. 1). She also complained of pain in the appendix region.

Operation. I first made a median incision and found the rectum firmly adherent to the left ovary



Fig. 1. Adenomyoma of the round ligament and incarcerated omentum contained in an inguinal hernia, together forming one nodule.

Gyn.-Path. No. 10,078. The nodule lay a little above Poupart's ligament. It was 4 cm. long, 2 cm. broad, and somewhat lobulated. It was preceptibly larger at each menstrual period. At operation the upper part of the tumor was jound to be very dense and intimately blended with the fascia. It contained cyst spaces, some of which were filled with chocolate-colored fluid. The lower portion of the nodule consisted of omentum which had emerged at or near the internal inguinal ring. The histological appearances are shown in Figs. 2, 3, and 6.

¹From the Gynecological Department of the Johns Hopkins Medical School and of the Johns Hopkins Hospital. Read before the Southern Surgical and Gynecological Association, Cincinnati, December 13-15, 1915.