

A MALIGNANT INTESTINAL GROWTH REQUIRING THE REMOVAL OF AN UNUSUAL NUMBER OF ABDOMINAL STRUCTURES

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My object in reporting this case to the society is to show what may be done in some cases in which the surgeon, on opening the abdomen, feels completely baffled, but in which, on carefully surveying the field, he finally detects the key to the situation, and can remove the growth that at first has seemed impossible of enucleation.

In this case my first impulse was to close the abdomen, but the family physician, Dr. Ira McCurdy, of Frederick, insisted that the patient had been suffering from excruciating abdominal pain, that there were already signs of partial obstruction, and that, judging from her condition for the past month, he felt sure she could not last over a few days without operation. Under these circumstances I made a further examination of the combined tumor, and found that the key to the situation consisted in first enucleating the uterus with the adnexa and turning them up on the tumor. The operation then became essentially an abdominal instead of an abdominopelvic one.

The after results certainly more than repaid us for the chances taken. The patient, after a short time, was completely relieved of her former pain, and in a few weeks was able to go about as usual. She had over a year of relatively good health before any further signs of the growth made themselves perceptible.