

A LARGE CYSTIC TUMOR DEVELOPING FROM THE ILIOPSOAS BURSA

CONTAINING LARGE FREE CARTILAGINOUS MASSES, AND
COMMUNICATING WITH THE HIP-JOINT

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History.—In November, 1908, I was asked by Dr. A. H. A. Mayer to examine a man aged 46 who had what appeared to be a very unusual pelvic tumor. About ten years before the patient had begun to limp, and a year later consulted a physician who told him that he had a tumor of the left hip. The condition gradually had become worse. For about a year the man had noticed that every time he put his weight on his left leg "something slipped" in his hip.

Examination.—The patient was a tall, rather anemic looking man. The chest sounds were normal. The left leg was stiff and when walking he held the left hip-joint as immobile as possible. Occupying the left iliac fossa and extending beyond the median line was a firm oval mass, 8 by 10 cm. This was continuous with a smaller mass which passed below Poupart's ligament and extended to the left of the hip-joint anteriorly. The large mass seemed to fill the left half of the pelvis. In some places it appeared to consist of bone, but at other points felt cystic. It seemed to be intimately connected with the pelvic bone. The glands in both groins were palpable. The left leg was three-quarters of an inch shorter than the right. On flexion of the leg the pelvic mass receded somewhat, but on extension the tumor again became prominent. Flexion, extension, adduction and abduction were accompanied by dull crepitation in or near the hip-joint. On carefully questioning the patient it was learned that the swelling had been first noticed just below Poupart's ligament.

Operation.—An incision was made just above and parallel with Poupart's ligament and the extraperitoneal tumor exposed. After displacing the anterior crural nerve, which was markedly stretched over the tumor, and splitting the muscle which lay over it, it was found necessary to sever Poupart's ligament as a portion of the tumor lay beneath it. The pelvic portion of the mass was loosened up easily on its anterior and