A RIGHT PELVIC KIDNEY. ABSENCE OF THE LEFT KIDNEY; ABSENCE OF THE UTERUS; BOTH OVARIES IN THE INGUINAL CANALS[1]

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C. H. I., 1677. O. C. J., aged 17, single, white; admitted to the Church Home and Infirmary, March 5, 1907. The patient has been under the care of Dr. Paul Jones of Snow Hill for some time. She had been thought to have an imperforate hymen and a double inguinal hernia. She had always been somewhat delicate and nervous.

Five years before a left inguinal hernia had been noted, which annoyed the patient considerably. Three years later a hernia made its appearance on the right side. The hernial protrusion on the right was larger in dimension than that on the left, at times reaching 9 to 10 cm. in diameter. On one occasion it had become temporarily incarcerated, and she had been wearing a truss on the right side. The patient had never menstruated, but nearly every month she had had hot flushes and had been very dizzy. The flushes would persist for two or three days at a time. She had no definite headache, but her head had felt "big and queer." There had never been any vomiting, but nausea had been noted at these times and a burning sensation in the region of the stomach. The patient entered the hospital seeking relief for her inability to menstruate. The menstrual symptoms had commenced three and half years before. The urine was found to be normal.

Examination under anæsthesia. The breasts were not well developed for a girl of her age. The pubic hair was normal. On pelvic examination a small urethral orifice was found. This readily admitted the catheter and the bladder was at once emptied. There was absolutely no evidence of a vagina apart from a slight depression 1 mm. in depth (Fig. 1). On rectal examination we found a large oval mass which appeared to be slightly cystic. This filled the right side of the pelvis and was thought to be either the enlarged uterus or a dilated vagina.

Operation. I passed four guy sutures at the poin where the vagina would naturally have been and then made a transverse incision 1.5 cm. anterior to the rectum. In my dissection I kept close to the rectum one finger in the bowel serving as a guide and a pair of forceps introduced into the bladder serving to outline this organ when necessary. Finally I was able to separate the bladder from the rectum for a distance of five inches, although the septum between the bladder and rectum was not over 2 to 3 mm. in thickness. I then encountered the firm mass which had been detected in the right side of the pelvis. On making firm pressure from above the mass could be felt directly under the finger introduced into the wound. We expected to find fluid but the growth seemed to be solid or semi-fluctuant. We at once realized that an unusual condition existed and an abdominal section was decided upon as the wiser procedure.

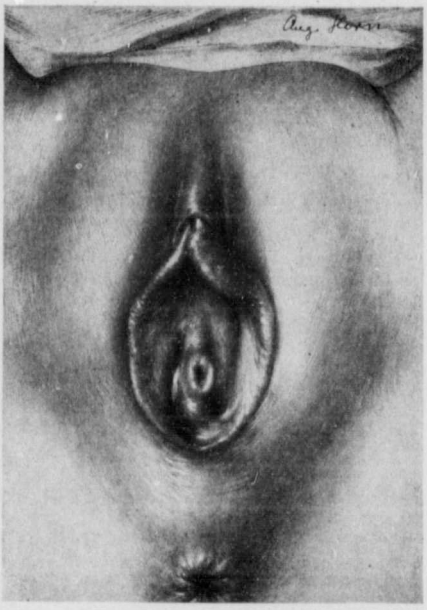

Fig. 1. Absence of the vagina. The urethral orifice is normal. Beneath it is a small pit, the only remnant of the vagina.

On making an abdominal incision we first encountered the fimbriated end of the right tube (Fig. 2). This could be seen and followed for 1.5 cm. The remaining portion lay in the hernial sac on the right side. After slitting the sac slightly and examining the extraperitoneal portion I was able to detect the remaining portion of the tube. In the inguinal sac lay also the right ovary, which was perfectly normal. The ovarian vessels came from the usual source. The utero-ovarian vessels passed down into the right inguinal canal as did the tube. The right round ligament emerged from the canal, formed a loop on itself and re-entered the canal.

[1] Read before the American Gynecological Society, Washington, D. C., May 3, 1910.