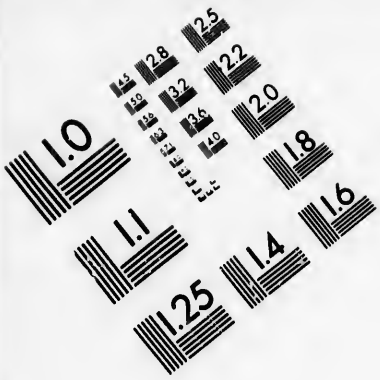

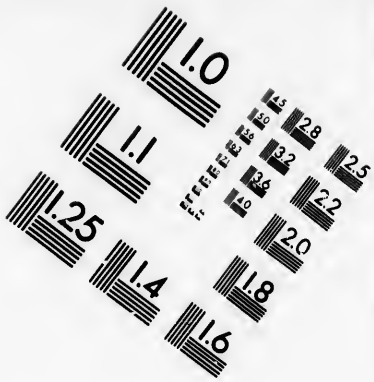

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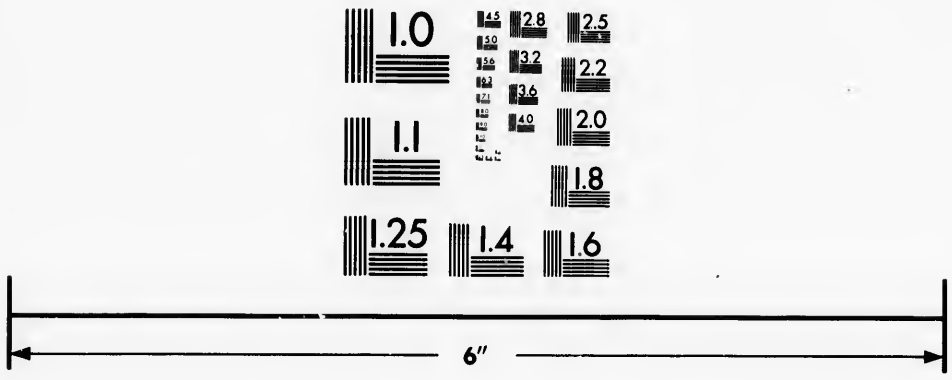

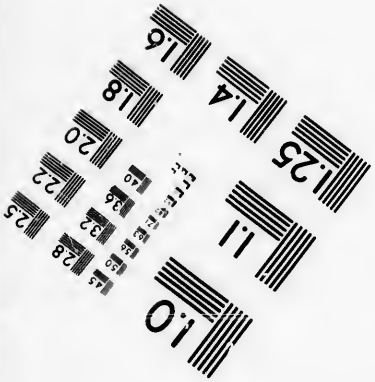

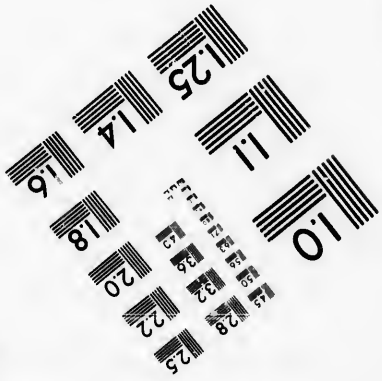

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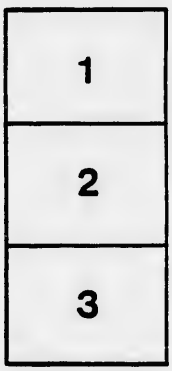

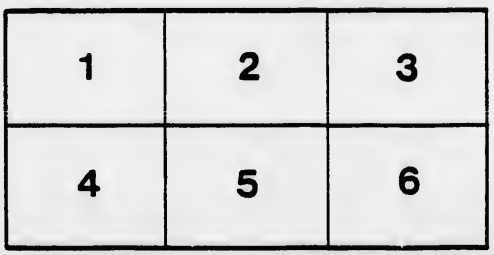

A RARE FORM OF PYOSALPINX COMPLICATING UTERINE MYOMA.

BY

WILLIAM GARDNER, M.D.,

Professor of Gynæcology, McGill University, and Gynæcologist to the Royal Victoria Hospital, Montreal.

AND

MAUDE E. ABBOTT, M.D.,

Assistant Curator to the Medical Museum, McGill University.

(Reprinted from the Montreal Medical Journal, January, 1901).

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The patient, æt. 44, had been married 13 years and a widow for nine months; never pregnant. Menstruation first appeared at the age of 14, and until marriage was scanty and painful, but during the whole of her married life profuse. In recent years there had been irregular hæmorrhages. She noticed abdominal enlargement soon after marriage. Increase had been slow; there had been for years tolerably constant pelvic pain and reflex neuralgia of the head and neck.

Examination revealed a tolerably fat abdominal wall, distended by a globular, smooth, insensitive, slightly movable tumour of the size of a two-year old child's head. The vaginal orifice and whole canal were so narrowed as barely to admit the index finger; its walls were rough, apparently cicatricial, tender, and bleeding slightly from touch of the examining finger. The uterine tumour was an ordinary interstitial myoma.

The main interest of the case consists in the condition of the Fallopian tubes, as illustrated by the accompanying photographs, showing the oval-shaped expansion without any adhesion to surrounding organs or structures. The patient made a good recovery.

Of the numerous cases of diseased Fallopian tubes which have come under my notice, I remember but one of pyosalpinx without adhesions. In this case both tubes were distended with pus, and the condition was pronounced by Dr. Wyatt Johnston to be tuberculous. The association of pyosalpinx with uterine myoma is at all times rare. Statistics from the experience of Dr. A. Martin are given by Dr. Maude Abbott in the detailed description of the specimen appended.

Specimen consisting of intramural uterine myoma with double pysalpynx.

The tumour is situated in the anterior wall of the uterus and separated from its cavity by a thin layer of muscular tissue. The uterus is much enlarged, its cavity measuring 10 cc. in depth and the posterior wall

23.5 mm. in thickness. Weight of tumour with uterus is 1230 grammes; microscopically it is a simple myoma.

The interest of the case lies in the condition of the Fallopian tubes. They are much thickened in the first part of their course and are dilated at their outer extremity into large oval tumours from the distal end of which the fimbriæ float free. On section, these tumours are seen to consist of a single thin walled cavity filled with thick greyish yellow pasty material—apparently inspissated pus—microscopically masses of granular debris, fat granules and globules, fatty and cholesterin crystals. On the right side, the tumour is much larger than on the left, and the undilated tube is thicker and shorter. The serous surfaces of both tubes are everywhere free from adhesions.

Sections from the cyst wall, from the uterine end of the tube, and from that part of it near the tumour were examined microscopically.

The wall of the cavity is thin and leathery and has a smooth inner surface. Microscopically it consists of a thin layer of muscular tissue lined by a laminated, almost homogenous matter, probably derived from the cyst contents. The mucosa and submucosa have entirely disappeared.

The uterine extremity of the tube shows catarrhal inflammation. The epithelium was almost entirely eroded and the submucosa infiltrated with small cells. Patches of small celled infiltration are scattered through the muscular coat. No giant cells or distinct evidence of tuberculosis were seen. The muscular coat was greatly hypertrophied, chiefly on the upper side of the tube, in a peculiarly centric manner, so that the lumen lies about one-fourth of the diameter above the lower surface. On staining for bacteria, none were seen, but the peculiar round bodies known as blastomycetes were apparent, staining with carbol-fuchsin. Near the mucosa the signs of inflammation were very slight; the lumen was much smaller than the uterine end, though still patent.

Interesting points in this specimen are :—

(1) The existence of pyosalpynx without any signs of inflammation of the surrounding parts, as shown by absence of adhesions, and the absence of any retraction of the fimbriæ, common in inflammatory conditions of the tube.

(2) The combination of pyosalpynx with myoma. This is rare. Martin, of Berlin, in an analysis of 287 cases of tubal disease operated on by him found it three times.

(3) A minor point is the curious excentric hypertrophy of the tube. This is said to be a fairly common consequence of tubal stenosis beyond the point of hypertrophy.