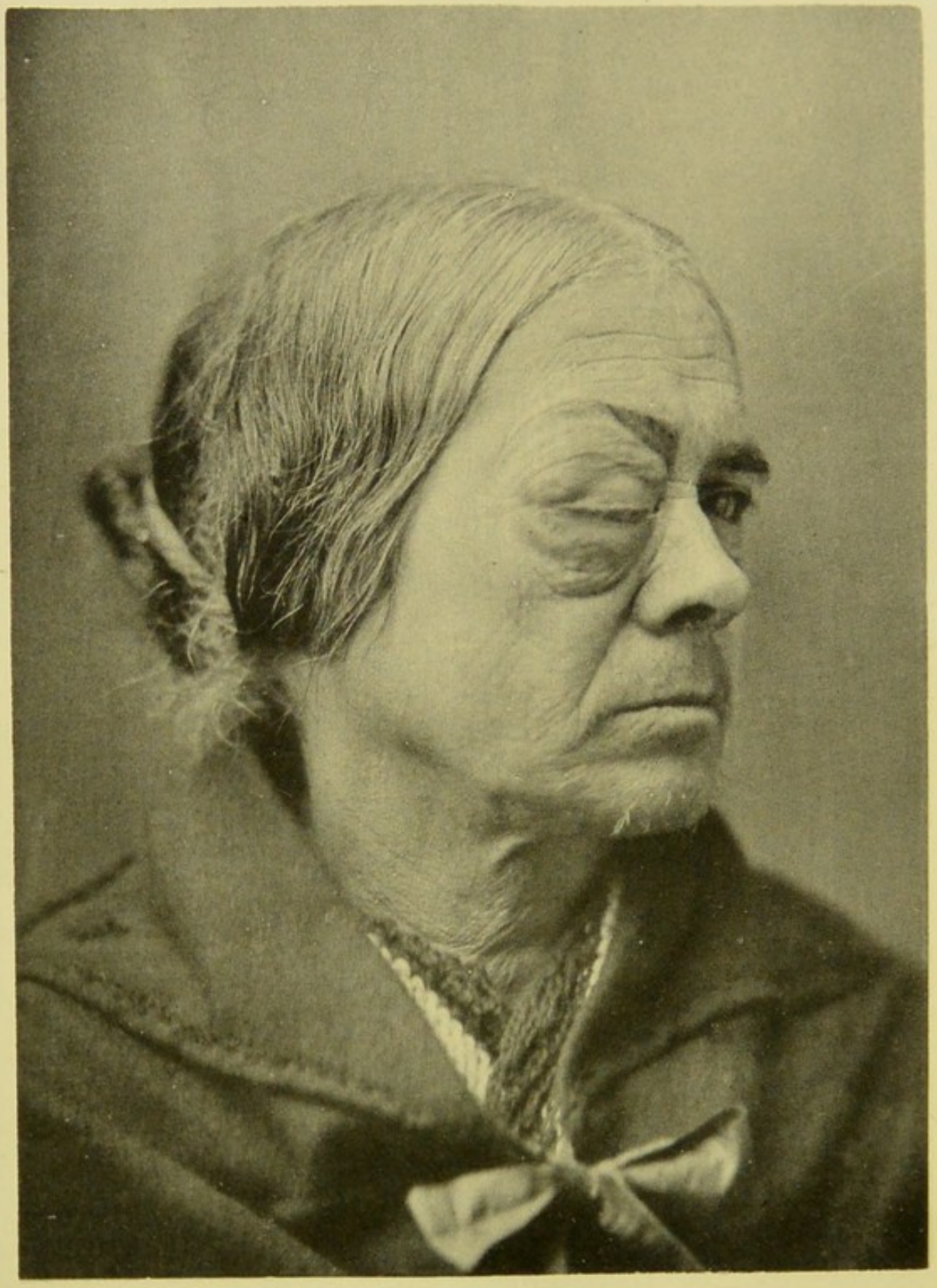
Case of sarcoma of the choroid : characterised by its long duration and by the unusually small size of the primary growth / by A. Maitland Ramsay.

SARCOMA OF THE CHOROID.



CASE OF

SARCOMA OF THE CHOROID

Characterised by its Long Duration and by the Unusually Small Size of the Primary Growth.

BY

A. MAITLAND RAMSAY, M.D.,

SURGEON, GLASGOW EYE INFIRMARY.

WITH TWO PLATES.

GLASGOW:

PRINTED BY ALEX. MACDOUGALL, 81 BUCHANAN STREET.

1892.

SARCOMA OF THE CHOROID.

THE following is an account of a case of sarcoma of the choroid of long duration, and characterised by the unusually small size of the primary growth. The tumour was shown at a meeting of the Glasgow Pathological and Clinical Society on 11th April, 1892.

M. D., aged 63, came to the Charlotte Street Dispensary of the Glasgow Eye Infirmary on 21st December, 1891, for advice concerning a prominent swelling in the right orbit, accompanied by a "severe pain in the right side of her head." Her own account of her condition was that, six years before, while apparently in perfect health, she was suddenly seized with severe pain in the right eye—which, to use her own words, "became inflamed and enlarged" —and in the frontal and temporal regions of the same side. The attack subsided gradually, and all symptoms disappeared within fifteen days. Her

recovery was apparently complete; but after the lapse of one year, during which she experienced no discomfort, a second and somewhat similar attack occurred, which again lasted for about a fortnight. On this occasion the vision of the right eye—which, according to the patient's own statement, had, during the first attack, been entirely unaffected—became permanently lost, the blindness coming on suddenly along with the onset of the pain and inflammatory symptoms. At the end of another year a third attack came on, during which "the eye became enlarged," and this prominence of the eye persisted; but patient suffered no pain "unless after a hard day's work." After this third attack there was little change in the appearance of the eye until about three months before the date of her admission to the Infirmary, when, without any evident cause, the eye began to be painful, and became more and more prominent. (Plate 1.)

The patient was admitted to the Hospital with a view to operation. A tumour, which projected forwards rather more than an inch from the external orbital margin, and measured about 2 inches across both in its vertical and transverse diameters, almost

completely filled the cavity of the right orbit. The eyeball itself was seen to be very much atrophied, and occupied a position near the middle of the projecting mass. The cornea was small and flattened, and was surrounded by about a quarter of an inch of shrunken and wrinkled sclerotic, which showed deep indentations over the insertions of the recti muscles, and very gradually merged into the tumour tissue. The surface of the cornea was traversed by numerous small blood-vessels. The growth was of a lobulated character, and appeared most prominently at the upper and outer aspect of the orbit. The lobules were almost black in colour, while the intervening portions were somewhat livid. Below and to the outside large varicose blood-vessels were seen. On palpation the tumour was firm and elastic, freely movable in the orbital cavity, and without tenderness on pressure. The eyelids were swollen and stretched, and completely covered the whole mass, except at the inner canthus, where a fold of hypertrophied conjunctiva projected. As a result of venous engorgement, they were of a dark livid colour. There was no enlargement of the pre-auricular or other lymphatic glands.

On 2nd January, 1892, with Dr. Reid's assistance, I operated upon the patient. The external canthus having been freely divided, the whole contents of the orbit were removed. The tumour was found to extend backwards along the course of the optic nerve through the optic foramen, the margin of which was distinctly eroded. When the tissues here were divided, very profuse hæmorrhage occurred; but this was quickly controlled by compression. The orbit was afterwards packed with iodoform gauze, and the healing process went on uninterruptedly.

Though the patient complained on several occasions of severe pain over the right parietal region, careful examination failed to detect any organic disease. The thoracic and abdominal viscera were normal.

The patient left the hospital on 5th February, and I have not seen her since; but on the 14th June, 1892, Dr. Livingstone Loudon, under whose care she now is as one of the inmates of the Hamilton Poorhouse, wrote to say that she was "apparently in perfect health, and that there was no sign of any local recurrence of the growth."

Dr. R. M. Buchanan gave the following report of the tumour:—"The mass removed from the orbit

measures 4 cm. antero-posteriorly, and the same transversely. On median vertical section the eyeball is seen to be shrunken to about one-half its normal size, and the optic nerve to be greatly elongated. The tumour tissue appears packed around the nerve and the shrunken eyeball in a number of distinct masses, which vary in colour from greyish-white to black. There is no evidence of tumour-growth within the sclerotic in this section; but another section in the same plane reveals the presence of a small pigmented mass of new growth, about the size of a millet seed, evidently in connection with the choroid, and situated about the equator of the eyeball. Opposite this mass is an indication of invasion of the sclerotic by pigmented tissue, although to the naked eye there is no evidence that this invasion is continuous, directly through the sclerotic, with the extra-ocular tumour. There is visible infiltration of the sheath of the optic nerve. Immediately behind the eyeball the nerve is compressed by tumour tissue (Plate 2, Fig. 1).

"On microscopic examination the intra-ocular growth is found to consist of large cells loaded with dark pigment granules, the latter varying in size

considerably. These cells extend into the sclerotic (at the point above referred to), and are traceable right through that tunic in two diverging and gradually diminishing tracks (Plate 2, Fig. 2). The extra-ocular tumour is made up of spindle cells; and its blood-vessels, especially in the more pigmented portions, are mapped out by the presence of pigmented cells in and around their walls" (Plate 2, Fig. 3).

The points which have induced me to bring this case under your notice are:—

First. The comparatively long duration of the disease—six years from the first attack of pain. Statistics bear out that sarcoma of the choroid is usually fatal within five years, and often within a much shorter time.

Second. Certain features in the clinical history are somewhat remarkable. The attacks of pain and inflammation were unusually few—three in number—and recurred with astonishing regularity at intervals of about twelve months, and with exactly the same duration for the first two attacks. By the end of the second year the tumour made itself

evident outside the eyeball; but it made no marked progress for nearly four years thereafter. Knapp (*Intra-ocular Tumours*, p. 249) says:—"The duration of life cannot be considered to be extended for more than one to two years when the surroundings of the eyeball are once attacked."

Third. The comparatively insignificant size of the primary tumour in the choroid in this case, as contrasted with the mass of secondary growth which occupied the orbit, emphasises the necessity for minute examination of the choroid in cases of orbital sarcoma, where at first sight a primary choroidal growth appears to be absent (Plate 2, Fig. 1 c).

EXPLANATION OF THE FIGURES IN PLATE 2.

FIG. 1.

VERTICAL SECTION OF THE TUMOUR MASS REMOVED FROM THE ORBIT.

A. Eyeball.
B. Optic Nerve.
C. Primary Tumour of Choroid.
D. Secondary Tumour.

FIG. 2.

THE PRIMARY TUMOUR EXTENDING THROUGH THE SCLEROTIC (SEMI-DIAGRAMMATIC).

A. Sclerotic.
B. Intra-ocular growth.
C. Track of Tumour through Sclerotic.
D. Extra-ocular Growth.

FIG. 3.

SECTION FROM EXTRA-OCULAR GROWTH, SHOWING SPINDLE-CELLED STRUCTURE, ALSO BLOOD-VESSEL WITH PIGMENTED CELLS AROUND IT.

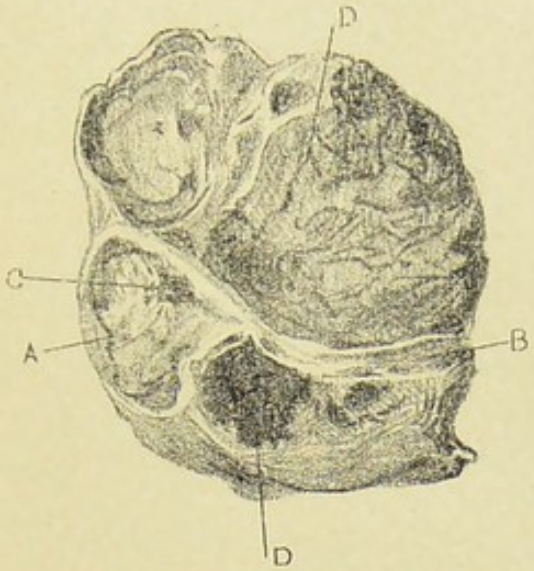


Fig 1.

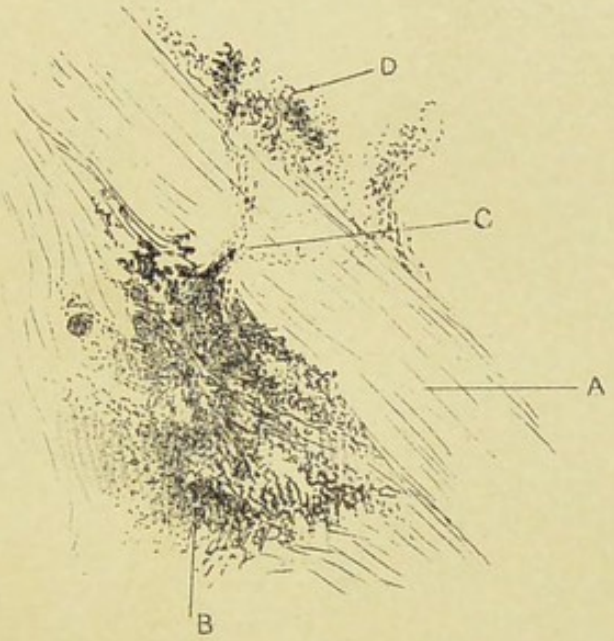


Fig 2.

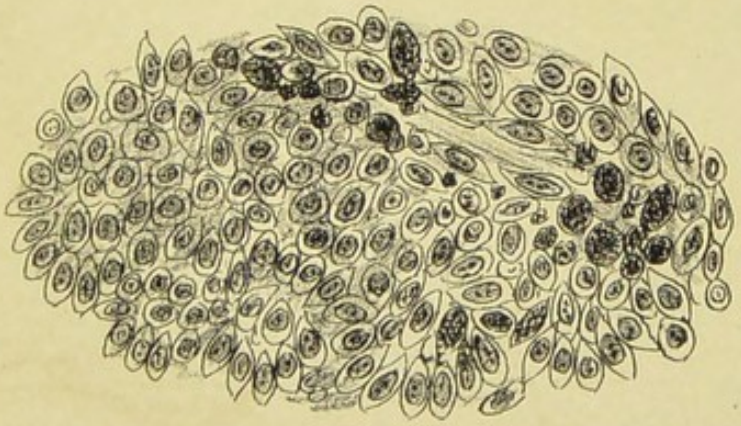


Fig 3.

JAMES GILMOUR 293 ARGYLE ST