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EPITHELIOMA OF THE LOWER LID; EXCISION; TRANSPLANTATION OF SKIN WITHOUT A PEDICLE; RESULT ONE YEAR AFTER THE OPERATION.

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Clara B., aged 40, presented herself for treatment at the Jefferson Medical College Hospital, April 14, 1893, on account of a morbid growth occupying the lower lid of the right eye.

The following history was obtained: She has been twice married. Her first husband was syphilitic, but appears not to have infected the patient. Her second husband is a healthy man; there have been no children from either marriage. The patient is a strong, wiry, hard-working woman, in perfectly good physical condition, and without history of illnesses that bear upon the present condition.

The growth occupied the whole lower lid, presenting the appearance of a grooved ulceration bounded on each side by slightly elevated walls. The center of the ulceration was covered with a crust, the removal of which caused slight bleeding. The tumor had been slow in growth, having first been noticed eight years ago. Some attempt to remove or absorb it by means of salves had been attempted without good result.

The patient was etherized and the diseased area removed, together with a triangular flap of tissue, the upper incision passing just below the margin of the cilia and extending the entire length of the lid. From either end of this incision the lateral cuts were made until they met at a point three centimetres below the ciliary margin. Three sutures, introduced from below upwards, closed the angle, but left a flattened triangular gap without covering. This gap was 2 cm. long and 1.5 cm

wide. Upon it was grafted a piece of integument taken from the thigh of the patient, so cut as to include only the true skin and none of the subcutaneous fat or tissue. This graft overlapped the margins of the gap by about five millimetres all around. The wound was dressed with a layer of thin antiseptic protective, and a gauze pad moistened in bichloride solution, 1–5000, the whole held in place by a light sterilized roller. The dressings were undisturbed for forty-eight hours, and then replaced with the exception of the piece of protective. The graft became firmly united, after the usual necrosis of the superficial epithelial cells and the overlapping margin had occurred.

The accompanying photograph, taken one year after the operation, shows the line of union, the very good position of the lid, and the graft, which can be distinguished from the surrounding skin by its paler color. The measurement at present is 1 cm. in length, and 8 mm. in breadth.

Sections of this growth under the microscope reveal the following conditions :

Typical epithelial new-formation, consisting essentially of finger-like, cellular prolongations which penetrate deeply into the fibrous tissue. The epithelial cells are rather small, closely packed together, and here and there form the so-called cancerous cell nests. There is nothing in the sections differing from the ordinary and characteristic appearance of a cutaneous epithelioma.

The chief disadvantage of transplantation of skin without a pedicle, in the form of the so-called Lefort or Wolfe graft, is the subsequent shrinking which takes place. Perhaps this may be avoided by Dr. Gifford's recent ingenious suggestion to remove the superficial epithelial cells as soon as necrosis occurs, and replace them with a Thiersch's skin graft. The present case is briefly reported because it illustrates that occasionally flaps of this character serve a very useful purpose and become incorporated with the surrounding tissues without too much shrinking. Perhaps the support given to the graft by stitching the angles of the original gap may have had something to do with the good result.