

Congenital pelvic cyst, probably of post-anal origin, leading to retention of urine / by D'Arcy Power.

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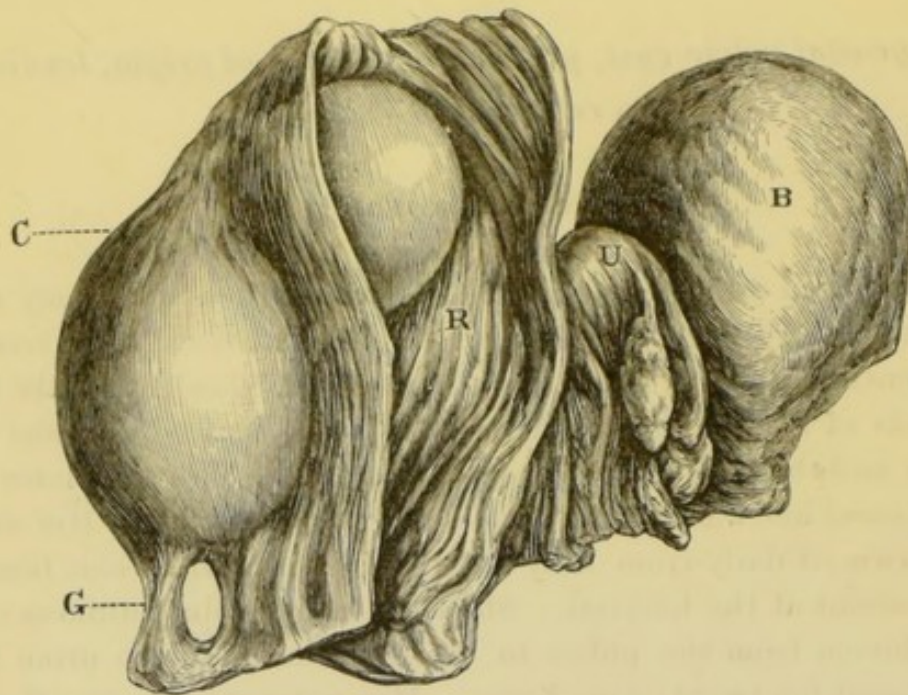
*Congenital pelvic cyst, probably of post-anal origin, leading
to retention of urine.*

By D'ARCY POWER, M.B.

A GIRL, aged 2 months, was last week admitted under my care into the Victoria Hospital for Children, Chelsea, to be treated for retention of urine. She had appeared to be healthy for the first six weeks of her life, but on April 26th it was noticed that she was restless and that her abdomen was prominent. Two days later the child passed her water spontaneously for the last time. Her urine was drawn off daily from May 1st to May 5th, when she became an in-patient at the hospital. She then had absolute dulness over the abdomen from the pubes to the umbilicus, and no urine had been passed for twenty-four hours. Her water was drawn off, and a bimanual examination showed that a tense and elastic swelling extended on the right side from the pelvis into the abdomen as high as the umbilicus. The swelling was fixed, it was pyriform in shape, the upper broad end being rounded and sharply defined. The urine was fœtid and was drawn off daily, but there was no interference with the action of the bowels, which were regularly opened. I performed a median laparotomy on May 10th, and found that the tumour was too deeply seated and too firmly fixed to allow of its being removed. The child rallied well from the operation, but died of diarrhœa two days later.

A *post-mortem* examination revealed the following condition of the parts:—There was no trace of any peritonitis, and the operation wound had nearly healed. The bladder was much thickened, the ureters were dilated, and the kidneys were in a condition of hydronephrosis. The uterus, ovaries, and Fallopian tubes were normal. The rectum for an inch above the anus was normal. Immediately above this point a large oval swelling projected into its lumen, but without causing any gross lesions. This swelling was found to be a portion of a tumour springing from the right side of the rectum, and apparently in intimate connection with it. The tumour in the fresh state was a pear-shaped cyst with thin

vascular walls, which became thick and opaque after immersion for some hours in spirit. The outlines of the cyst are quite



Pelvic organs, showing a congenital cyst projecting into the upper part of the rectum. R. The rectum laid open laterally to show the projection of the cyst into its interior. C. The cyst, showing the manner in which it tapers into a fibrous cord, G, which was lost in the connective tissue behind the rectum. U. The uterus, with the two ovaries hanging over upon its right side. B. The thickened bladder.

smooth and uniform, except at its lower part where it tapers off suddenly into a thin and delicate cord consisting only of the lining membrane of the cyst. This cord soon loses itself in the loose connective tissue lying between the lower part of the rectum and the coccyx. About an ounce of thick glairy fluid resembling unboiled white of egg escaped on incising the cyst, a little mucus being mixed with the fluid. The interior of the cyst is loculated, and is lined with a smooth membrane which in the shrunken condition is thrown into longitudinal ridges where it is in contact with the wall of the rectum. A microscopical section of the cyst wall shows that it has an internal layer of cylindrical and ciliated epithelium resembling that lining the nasal mucous membrane. The cilia are remarkably long and tough. Small round cells lie between the cylindrical epithelium, but there is no trace of any glandular structure. A thick and very vascular layer of

areolar tissue lies beneath the epithelium, and external to the areolar tissue is dense fibrous tissue arranged in circular bundles.

It appears to me that this tumour was undoubtedly due to the persistence and subsequent cystic degeneration of the upper part of the post-anal gut. The interest of the specimen appears to lie in the fact that it has grown upwards and inwards, that it caused retention of urine, that it had no solid contents of any kind, and that it had no connection with any bone. The specimen is in the museum of St. Bartholomew's Hospital (No. 3648*b*).

May 15th, 1894.

