Two cases in which Porro's operation was performed for impacted pelvic tumours preventing delivery / by Mayo Robson.

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TWO CASES IN WHICH PORRO'S OPERATION WAS PERFORMED FOR IMPACTED PELVIC TUMOURS PREVENTING DELIVERY.

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THE following cases of Porro's operation for obstruction produced by tumours present so many points for consideration, that a report of them may, I trust, prove of sufficient interest to warrant my having brought them to the attention of the Gynæcological Section.

CASE I. *Pregnancy at term : Pelvis completely blocked by suppurating ovarian cyst complicated with a large septic abscess bounded by uterus, ovarian cyst, and intestines : Porro's operation : Recovery of mother and child.*—For the notes of the following case I have to thank Dr. Radcliffe Husband, Hon. Surgeon to the Ripon Hospital, under whose care the patient was.

A. W., 24, had always enjoyed good health, began to menstruate when 15, and had been quite regular. She was married in November, 1895. A fortnight after, and following on a menstrual period, she was seized with sudden and violent pain in the lower part of the abdomen, chiefly at the left side. Under rest and treatment this subsided in two or three weeks, and she had had no illness since, menstruating regularly, the last period on May 2nd, 1896. She had a slight appearance of menses on August 21st, following, but it only lasted two days, since which she had seen nothing, and had been quite well until January 18th, when she began, as she thought, in labour about 1 P.M., and sent for the midwife, who stayed with her all night. The following afternoon (January 19th), getting no better, Dr. Collier was sent for, and, after examining her, he asked me (Dr. Husband) to see the case with him. On arriving at the house we found the woman somewhat exhausted and suffering from pain of a periodic nature in the back and body. The abdomen presented all the appearances of normal pregnancy, and the fœtal heart could be plainly heard. On examining *per vaginam* the finger at once came upon a hard round substance very much like the fœtal head at full time, well engaged in the cavity of the pelvis as in the second stage of labour; but this it clearly was not, for it was covered by the posterior vaginal wall, and on passing the finger along the front of the tumour, the cervix could with difficulty be reached high up and above the symphysis, and tracing it backwards, the fœtal head was just perceptible through the uterine wall. The os was not in the slightest dilated, and would not admit the finger tip. It was probable that labour had not commenced, and as it seemed impossible that delivery could be accomplished except by abdominal section, we gave her morphine to relieve the pain, and recommended that she should be removed to the Cottage Hospital. She was taken there the same evening. Gradually the pain disappeared, and she had no further symptoms until January 30th, when she had a rigor and her temperature went up to 102.6°, but fell the next day to normal. During the next two days she had two more rigors, and on one occasion the temperature was 105°. On the morning of February 2nd she had another severe rigor, passing at that time 1½ pint of greenish fluid, but the os remained undilated, and she had no proper labour pains, though the whole abdomen was swollen, tender, and painful. The fœtal heart could be distinctly heard.

NOTES OF THE OPERATION.

On January 25th 1897, I received a letter from Dr. Husband, saying that he had a patient advanced in pregnancy whose pelvis was blocked up by a tumour.

On January 30th I received a second letter to say, "At a consultation of the staff of the hospital this morning it was the wish of everyone that you should be asked to come and see the patient, and, if you think it advisable, perform the operation."

On February 2nd I went to Ripon, and found the patient, a woman of 23, extremely ill, with a temperature of 103°. She had had a rigor on the 31st, and the temperature had reached 105°. The pulse was very rapid, the abdomen enormously distended, the face pinched and anxious, and the condition generally extremely unsatisfactory. A pelvic examination revealed a soft tumour present in the pelvis, and as high as the finger could reach behind the pubes could be felt the os uteri. The fœtal heart

could be heard. Delivery *per vias naturales* was manifestly impossible, and the patient if left must certainly die as well as her child. In the presence, and with the consent of the whole staff of the hospital, all the members being present, abdominal section was at once performed, and the uterus incised by a vertical incision. Dr. Husband grasped the incised edges of the uterus to prevent bleeding, and I extracted the child and handed it over to Mr. Collier. I then passed my hand behind the uterus and drew it forward, and immediately the abdomen was flooded with most offensive pus, which had been confined in a cavity formed by intestines above, by the uterus in front, and by the ovarian cyst, itself full of pus, below.

As it was manifestly unsafe to perform Cæsarean section, I passed the wire of a *serre-nœud* around the uterus as low as I could safely apply it, after detaching adherent omentum and intestine. I then amputated the uterus and the ovarian tumour together, washed out the abdomen with hot boracic lotion, and sutured the wound in the ordinary way, leaving a long glass tube in the pelvis. I had regular reports on the after-progress from Dr. Husband, to whose skill in the after-treatment the patient's recovery is in a great measure due. The drainage tube was removed the next day. The wire of the *serre-nœud* came off early, soon after the week, and the stump was kept dry. The chart shows that the temperature fell to normal immediately, and remained so. Both mother and child are now well. When she called to see me in Leeds two months later she and her child were pictures of health.

CASE II. *Pregnancy at term: Pelvis completely blocked by myoma of posterior and inferior segment of uterus: Porro's operation: Recovery of mother and child.*—Although this case was reported in the *Lancet* for February, 1893, as I had the opportunity of seeing the patient recently, it may be of interest to state that the mother and child were both well, and that all trace of pelvic tumour had disappeared. It thus demonstrates the fact that even where a considerable myomatous mass is left, if the appendages and upper segment of the uterus be removed, the same atrophic effect may be expected to follow as after oöphorectomy for smaller fibroids of the uterus.

REMARKS.

Where from any cause delivery cannot take place naturally, there are no fewer than six operations which may be performed in order to save both mother and child:—

1. Symphysiotomy; 2. Ischio-pubiotomy; 3. Complete hysterectomy; 4. Laparo-elytrotomy; 5. Cæsarean section; 6. Porro's operation.

In the cases related, where the pelvis was completely blocked by tumours, the two former methods were inapplicable. Total hysterectomy during advanced pregnancy would probably only be resorted to in case of cancer of the uterus, on account of the longer time occupied in the technique.

Laparo-elytrotomy would have been unsuitable in either, as in one the lower segment of the uterus was involved in the tumour, and in the other the tumour could not have been dealt with had that operation been done.

The only methods available, therefore, were Cæsarean section and Porro's operation.

Cæsarean section is the operation *par excellence* for obstructed labour depending on pelvic deformity, but in these cases it was out of question, as, in the first instance, the tumour so completely blocked the pelvis that drainage of the uterine cavity could not have been effected; and in the second, had the uterus been left, septic trouble must have followed, as the posterior wall of the womb was actually forming the anterior boundary of the abscess sac, and was itself thoroughly involved in the septic process.

Porro's operation was therefore the only procedure left, and it answered so well, that had I other similar cases I should not hesitate to employ it. Moreover, it must be borne in mind that Porro's operation can be very rapidly performed, and requires only a small armamentarium—important factors in cases of urgency, and in emergencies at a distance from a surgical centre.