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CASE OF

HYDATID TUMOUR OF THE ABDOMEN,

SIMULATING OVARIAN DISEASE,

TREATED SUCCESSFULLY BY OPERATION;

WITH REMARKS.

By THOMAS BRYANT.

(Case of hydatid tumour of the abdomen, simulating ovarian disease; treated successfully by operation.

(Reported by Mr. Frederick Taylor, M.B.)

Mrs. L—, æt. 35, a married lady without a family, was admitted into a private ward at Guy's Hospital in June, 1868, an abdominal tumour under the care of Dr. Oldham Mr. Bryant. The tumour had been gradually coming for rteen years, and the patient had been seen constantly during whole of this period by Dr. Oldham. It had commenced the right side of the abdomen above the pelvis, and had dually enlarged. It had caused at times some pain.

On July 14th, 1861, the cyst was tapped by Dr. Oldham, seven pints of a clear fluid were drawn off. The tumour always regarded as an ovarian cyst. Relief was afforded the tapping for a time, but the abdomen soon began to fill n, and it was clear something must be done for her relief, the tumour filled the abdominal cavity completely and caused h distress. It was as large as that in a pregnant woman he full period.

Under these circumstances Dr. Oldham asked Mr. Bryant to see her in consultation on June 6th, when a careful examination was made. The abdomen was clearly much distended, and equally so on either side; but in the centre, midway between the umbilicus and pubes, a projection existed about the size of half an orange. This projection was very hard and tense, and was clearly cystic. It was much harder and tenser than the tumour which filled the belly. The large abdominal tumour had a peculiar feel; it was dull all over, and fluctuated indistinctly, but a wave could not be obtained through it as a whole. On kneading the mass with the hand on either side a peculiar doughy sensation was felt, unlike what is usually present in ovarian disease, but yet unlike what is usually felt in a hydatid cyst. Both loins were resonant. The patient's general health was good.

It was clear that the case was not a usual one, consequently the difficulties were explained to the patient and her friends, and an exploratory operation determined upon.

For this she was admitted, as already stated, into Guy's.

June 13th.—The patient was brought under the influence of chloroform, and an incision about two inches in length made in the median line of the abdomen, midway between the umbilicus and pubes, over the projecting cyst which has been already mentioned. At no great depth, apparently only beneath the integument, the cyst was exposed and punctured, a clear watery fluid, as found in a hydatid, making its escape. The cyst-wall was thick, white, and laminated, and was at once recognised as being a hydatid; the opening was consequently enlarged, and the parent cyst with a small secondary one turned out. The large tumour now came into view, covered with a thin layer of tendon or capsule; this was punctured, and the same kind of fluid escaped as from the smaller cyst. Mr. Bryant consequently dissected down to the cyst with some care and found it apparently closely connected with the abdominal parietes; at any rate it became clear that the abdominal cavity was shut out. The opening into the cyst was then enlarged upwards, and quarts of hydatids with their fluid were discharged. The cysts varied in diameter from half an inch to two or three inches; some of them were transparent and distended with fluid, others had burst and were empty. Some were shrivelled and opaque

white, having been dead for some time, and much of the fluid that came away was sero-purulent.

Mr. Bryant introduced his hand carefully into the mother cyst which extended upwards into the right side above the margins of the ribs towards the liver, and turned out all the cysts, many rolling out like tense balls; finally a large, thick, opaque, white cyst was removed in two or three pieces, which was clearly stained with biliary colouring matter—this was evidently the parent hydatid cyst. Altogether, upwards of seven quarts were removed. The cavity which contained this mass was then washed out with warm water. The walls of the cavity were vascular and very thick; it was completely shut out from the abdominal cavity, a firm membranous septum separating the two. It was impossible to make out with any accuracy the exact position of the hydatids; the large cyst was beneath the abdominal muscles, but apparently not in the abdominal cavity. It seemed, however, to be in contact with the liver from the discoloration of the cyst-wall.

The edges of the cavity were then stitched to the edge of the external wound by five or six sutures, an opening, three inches long, being left exposed. The wound was covered with a mixture of carbolic acid and oil, and the sides of the abdomen supported with a towel bandaged firmly round the patient.

Directions were given that the cyst should be well washed out daily, if not oftener, and plenty of nourishment ordered.

The patient recovered from the chloroform without difficulty, and had no subsequent sickness.

In the evening she had a morphia suppository.

June 14th.—Passed a quiet night, and has been in very little pain. She was sick once this morning. Skin hot, but moist. Pulse 120. Brandy, with milk and ice, were given.

15th.—The cyst was well syringed out with warm water; some few more hydatids came away mixed with a purulent fluid. There was no abdominal pain or tenderness.

From this date the sac was washed out daily, a flexible catheter being passed up into the top of the wound, and a steady stream of water passed through it; a good deal of thick purulent fluid was discharged, at times offensive, but never at all like that accompanying a sloughing hydatid cyst. The sutures were removed on the fifth day after the operation, and a healthy

reparative action rapidly appeared. The general condition of the patient was always good, although for some few days she was much troubled and depressed from an aphthous condition of her mouth. There was never any abdominal tenderness nor signs of inflammation within its cavity. About the 25th some diarrhœa set in; a little medicine, however, soon checked it. At the end of the fourth week the cavity had much contracted; it contained much less fluid, and what came away was healthy pus; all constitutional disturbance had fairly ceased. Her general condition was good. On July 11, the forty-eighth day, she left the hospital and went home, her residence being in a healthy part of the country. She bore the journey very well, having experienced only a little fatigue. Her medical man daily washed out the cyst. Her general health also rapidly improved.

Mr. Bryant saw her on July 29. He found her much improved; the wound was healthy and rapidly contracting; the cavity also was much smaller. Healthy pus came away daily after the washing. Her appetite was good. On August 12 she was still improving, and on September 1 the cavity had contracted so much as to contain only an ounce and a half of fluid. Mr. Bryant ordered the abdomen to be strapped up, and the patient to get up. By October 6 the wound had nearly closed. There was no sinus and no discharge, merely a depression. The patient was able to get up and walk about.

This large cavity had thus completely closed in sixteen weeks; not even a sinus remained. The general health of the patient never suffered materially from the first. The keeping the cyst empty was the only surgical point upon which stress was laid.

Remarks.—The first point that claims attention in the history of this case has reference to its diagnosis, for I believe it possessed features of so peculiar a nature as to form a guide for the future of no mean value.

It is true that the case from the very first was looked upon as ovarian. Its original seat about the right iliac fossa, its gradual and almost painless enlargement, its cystic nature, and, beyond all, the probabilities of the case, tended towards the promotion of that idea; and when it was tapped in the eighth year of its existence, and a thin clear fluid was drawn off, there

was nothing sufficiently unusual to lead Dr. Oldham to suspect it had any other than an ovarian origin. The thin watery nature of the fluid by itself was not enough to excite suspicion where none previously existed; for ovarian fluid is often thin and as often watery; although, had the fluid been examined and found to have been free from albumen, its true nature would doubtless have been discovered at that time.

The subsequent progress of the case also failed to excite any doubt as to its nature, it was so like that of ovarian dropsy; and it was not till a critical examination was made, with the view of an operation, that a suspicion was raised that it might be other than ovarian.

The first point that excited a doubt as to its nature in our minds was the presence of an independent cyst in front of the abdomen; and the strong fact that the small cyst was tense, globular, and hard, such as is seen in the hydatid tumour, whilst the large or abdominal one was doughy and free from tension.

The second point was that afforded by manipulation of the abdominal cyst. It was clearly fluid in its nature, yet no distinct wave could be detected through it as a whole, and from its outline it did not appear to be polycystic, so as to explain this fact; no ridges or septa could be detected on the most careful examination, and to the hand it appeared to be no other than one large cyst.

On kneading the abdominal tumour a peculiar sensation also was experienced; it was quite unlike that yielded by any ovarian or other tumour that I had ever felt: it had a special character which, I think, may be recognised again with tolerable facility. If I describe it as a doughy feel, such a word fails to express adequately the sensation that was experienced, yet it approaches nearer the truth than any other. It was clearly due to the rolling and pressing together the immense closely-packed mass of hydatid cysts that the parent tumour contained.

It was by the presence of these peculiarities in the symptoms that a doubt was raised, in our critical examination of the case, as to its nature. Every possibility was consequently discussed and carefully considered, and amongst these the question of hydatid was entertained. The clinical character of the small tumour gave rise to the idea, for it had all the local features of

the hydatid—a tense globular elastic cyst developing slowly and giving rise to no pain—but from the fact that the abdominal cyst had such different local features this view was almost dismissed. It remained, however, as one of the possibilities.

The doubt as to the nature of the tumour was, however, amply sufficient to induce both Dr. Oldham and myself to decide upon an exploratory operation.

We now come to consider the treatment of the case. Was it the best? Had we recognised the hydatid nature of the tumour beforehand should we have suggested a free incision into it and its bodily removal? It is a difficult matter to give an opinion upon a problem that has not been placed before us, yet I am disposed to think that the measure I adopted was the best, and that had I known beforehand the true nature of the tumour I should have acted as I did, for I believe the free evacuation of such a mass of hydatids as here existed to be the only means of establishing a cure, and that if the opening into the cyst be free and its cavity be well kept clean of any suppurative contents, evil results from such a practice are not to be looked for.

In a case of hydatid of the abdominal cavity of immense size, which was in Guy's some year or so since, and which was discharging itself at times through the vagina, I was anxious to carry out this practice, but circumstances forbade its execution.

Looking back upon the case, now that a recovery has ensued, I have no reason, scientifically, to regret the steps I took to get rid of the disease; and clinically the success was all that could be wished. The free opening into the cyst, and the care that was subsequently taken to wash out its contents and prevent anything like retention of purulent discharge, are the main points to which I would draw attention in its treatment. I would wish it to be read in connection with the observations I have already made in this volume on the treatment of Suppurating Ovarian Cysts, for it tends to support the practice I have there suggested.