

**Cyst of fibula (serous) : excision of upper half of fibula / by George Buchanan ; reported by Anstruther Davidson.**

**Contributors**

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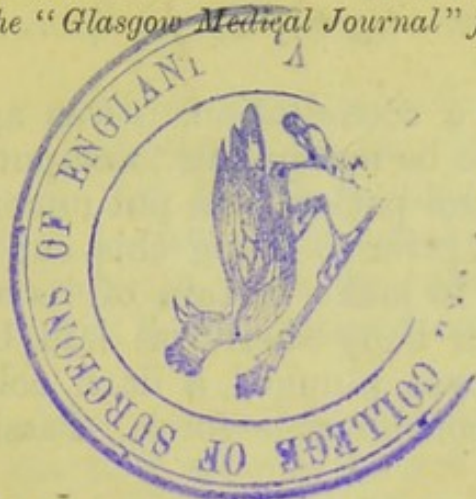
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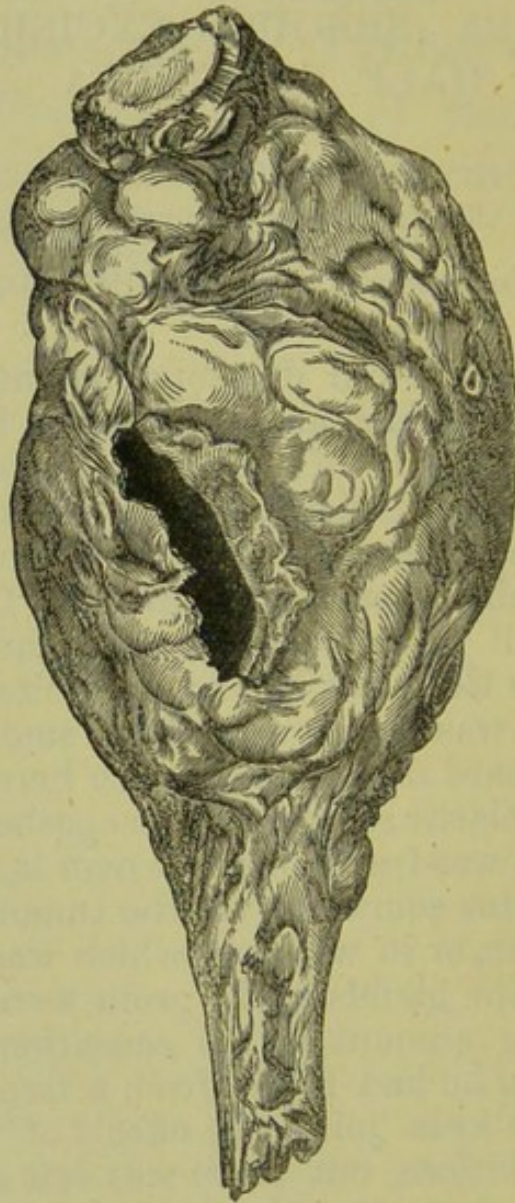
## CYST OF FIBULA (SEROUS)—EXCISION OF UPPER HALF OF FIBULA.

By GEORGE BUCHANAN,  
Professor of Clinical Surgery, University of Glasgow.

REPORTED BY HOUSE SURGEON ANSTRUTHER DAVIDSON, M.B.

A. L., æt. 12, a healthy well developed country lad, was sent to consult Professor Buchanan concerning a large oval-shaped tumour on the outer side of the right leg, extending downwards from the fibular articulation for about six inches, and measuring from its inner side to the middle of the leg behind, over its most prominent part, eight inches. On the inner side it was pretty well circumscribed; a slight furrow existed between it and the tibia, but behind its limits were lost in the sural muscles. It was immovably fixed, smooth and uniform in its outline, felt hard on palpation, with here and there a spot which gave a semi-elastic sensation, with eggshell crackle, on firm pressure. The skin was freely movable over it, and showed very plainly the blue veins coursing over the tumour. No pain was felt on manipulation, or in walking, which was not in any way interfered with. The glands in the groin were unaffected. He gave the following account of its causation and history:—Twelve months ago he had fallen from a tree and bruised his right leg below the knee joint, the effects of which were soon relieved by fomentations, but there was left a slight thickening of the tissues where the blow was struck. Shortly after he received another bruise on the same part by falling over a stone, causing it to become swollen and painful. Treatment by rest and fomentations relieved the pain and reduced somewhat the swelling, which after a little began slowly to increase in spite of the counter irritation applied to discuss it. It went on increasing but slowly at first, then rapidly for a short period, and lately had been stationary, or not increasing to any appreciable extent.

*4th February.*—After a consultation, it was agreed, as the tumour was considered to be malignant, to amputate the limb through the knee-joint, and patient was put under chloroform; but Professor Buchanan, prior to doing this, cut down on the tumour on its outer side to make certain of its nature. Cutting through the skin, a bony shell was laid bare, through which, when the knife was plunged, a dark coloured serous fluid spurted out with considerable force. Passing the fore-



finger through the opening thus made, he found that the bone was expanded to a mere shell without any solid contents, and suspecting it to be a simple cyst, he prolonged the incision for nine inches on the outer side over the fibula. The tumour was then carefully dissected out, the shaft of the bone being divided by bone forceps one-and-a-half inches below the termination of the tumour. It was raised up and dissected from the structures behind, and disarticulated. The musculo-

cutaneous nerve was so firmly adherent to the surface of the tumour as to necessitate its being separately dissected off, a procedure which led to its being isolated from all surrounding tissues for about four inches in its course. A vein and two small arteries were ligatured; a drainage-tube was inserted, the wound being sutured over it, and dressed antiseptically.

*1st April.*—The wound had healed without any difficulty, and patient was now allowed to get up, but though he could bear the weight of his body on the affected limb, he could not walk on account of the loss of power over the extensor muscles of the foot, due no doubt to the injury to which the nerve was unavoidably exposed in the excision of the tumour. "Prickling" of the toes was complained of for six weeks after the operation, but this has slowly disappeared, leaving sensation normal.

*8th April.*—Dismissed cured.

*Remarks.*—Cystic tumours of the jaws are not uncommon, even serous cysts. But of bones of the extremities examples must be very rare, as I cannot find any reference to such a case as that here recorded. The most careful microscopic examination failed to detect in the reddish fluid which escaped anything resembling structure, except some blood cells, and the membrane with which the cavity was lined was in all respects like a simple serous membrane.

The measurement of the tumour was  $3\frac{1}{2}$  inches long and  $2\frac{5}{8}$  inches in diameter; it was of a fusiform shape.

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