

Hystero-myomectomy complicated with pregnancy / by William H. Carmalt.

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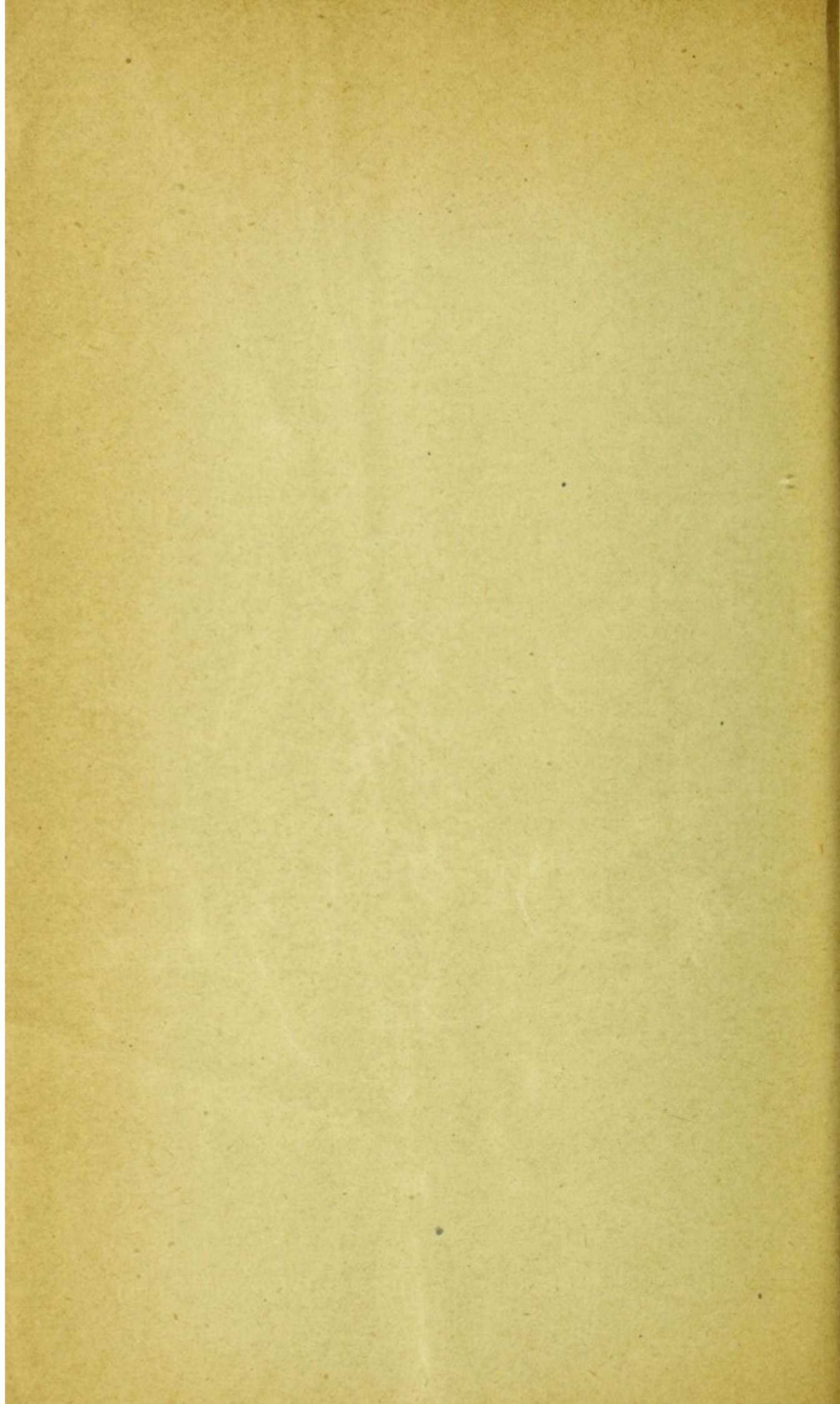
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WITH PREGNANCY.

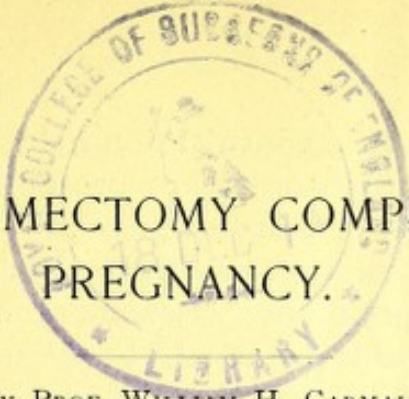
BY

PROF. WILLIAM H. CARMALT.



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HYSTERO-MYOMECTOMY COMPLICATED WITH PREGNANCY.

BY PROF. WILLIAM H. CARMALT.

[Reprinted from Yale Medical Journal, September, 1900.]

Through the courtesy of Dr. F. H. Whittemore, I was consulted on December 8, 1899, by Mrs. H., for a tumor of her abdomen and pelvis. She was a small woman not over five feet one inch in height, of slender figure, and of apparently good constitution. She was forty years of age, had never had any serious illness; first menstruated at fourteen years, and the flow thereafter had been regular and moderate and painless. She had married seven months ago and menstruation had continued as usual until in October last, when she passed it, but a flow returned early in November, lasting two days and was repeated before the month was over, and has repeated itself already twice this month. There is no pain or other discomfort with it.

She has been aware for three years of a tumor in her abdomen, which she describes as appearing, in the beginning, above each Poupart's ligament and being then about the size of a hen's egg; they were quite hard, and under some sort of electrical treatment are reported to have decreased in size, but since her marriage and especially during the last two months, they have grown again rapidly and have approached more towards the median line.

On examination, the lower abdomen was found occupied by a firm, quite hard tumor, somewhat nodular in outline, apparently somewhat less in size than a child's head at term; it did not invade either groin; is distinctly circumscribed, and a portion towards the right side seems to be slightly moveable upon the main tumor, which is fixed. By vaginal examination the tumor was found firmly impacted in the pelvis, and although the neck could be made out, the os could not be detected in any way; so far as one could form an opinion, it seemed to present forward under the pubic bone, but no manipulation or dragging could bring it into view.

The patient was advised that an operation was imperative, and she accordingly entered the New Haven Hospital on the

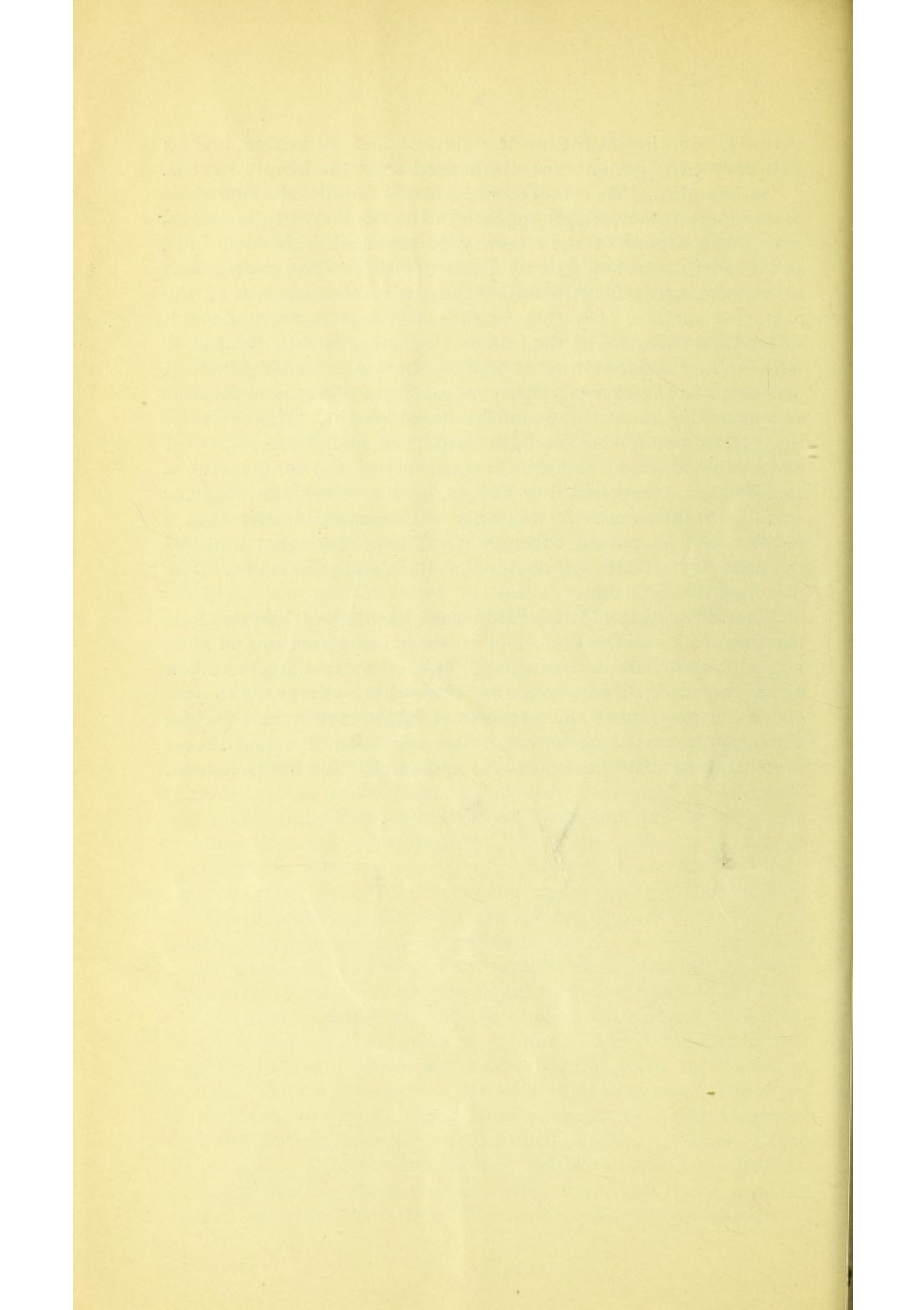
11th of the month. At a consultation held there, in which Drs. Gilbert, Hawkes and Sanford were present, the suggestion was made that the smaller tumor towards the right side might be ovarian, but that there were multiple myomata was undoubted. The question of pregnancy was, of course, discussed and regarded as improbable by most, though not in any way influencing the necessity of operative interference, which was considered as imperatively indicated.

On the 14th the operation was undertaken, assisted by Dr. Sanford. After opening the abdomen it was found that all the tumors were myomata, the one which was regarded as possibly ovarian being pedunculated. The operation of hystero-myomectomy presented no greater difficulties than usual, except that to relieve the impaction in the pelvis it was necessary to use combined force in both vagina and abdomen. The uterus was amputated through the neck, and the cervical canal thoroughly cauterized with the Pacquelin cautery. The wounds in the uterus, peritoneum and abdominal wall were united in the usual manner, the latter by deep through and through silk worm gut (the peritoneum separately by cat-gut), and thin gutta-percha drains inserted at either end of the wound. The patient recovered satisfactorily from the immediate effects of the operation, but the temperature rose to between 100° and 101° on the 3d day and continued so for several days. The wound was dressed on the 18th and found to be looking well, and apparently united throughout its whole extent. The gutta-percha drains were removed. The temperature continuing elevated a blood count was made and a leucocytosis of 10,000 found, and on the 20th a stitch abscess was detected. On the 25th a discharge appeared in the vagina, but no bacteria were found in it. On the 27th pus appeared in the upper part of the incision and a subcutaneous sinus formed along the full extent of the wound. On January 1, 1900, the temperature rose to $102.4-10^{\circ}$, and investigation developed pus with satphylococci behind the occluded cervical canal. A uterine douche tube was passed into this abscess and fastened in, and the abscess washed out with sterilized saline solution every two hours. The temperature fell slightly, but still continued above normal until it was found possible to carry irrigation through from vagina to abdominal wound and vice versa; when this was instituted the temperature fell and remained at normal until January 24, when it rose to $103.4-10^{\circ}$. Blood count showed only 4,100 wh. bl. corpuscles; examination for plasmodio was then made, giving a positive result, and the exhibition of quinine relieved the condition

entirely. In the meantime the sinuses had all healed, and on February 5 the patient was discharged from the hospital cured.

On examining the removed mass it was found to be composed of one main tumor, which appeared to be the body of the uterus, with three others in the vicinity of the neck imbedded in it, and a fourth attached to it by a short pedicle. The ovaries and tubes were easily identified on either side, more evident on the posterior surface. On this surface also was a portion much softer than the rest of the mass; this merged into the tumor without any evident line of differentiation. Incising this it proved to be the uterus proper, containing a placenta and foetus of apparently about three months' development. The cavity of the uterus below the placenta contained about one ounce of clotted blood, and the inferior opening of the long tortuous cervical canal, representing the os, presented on the anterior surface of the mass. It was only with some difficulty that a probe could be passed through it. The whole mass weighed the next day after being drained of its blood 5 lbs. 14 oz. The tumors were myomata.

The accompanying illustrations are a trifle less than one-half the actual size of the tumor, as preserved in formalin and alcohol, which shrinks it somewhat. The greatest diameter taken on the anterior surface in a line from the right ovary to just above the position of the left ovary is eight and a half inches. The uterine cavity measures in the specimen five and three-fourths inches; the foetus is three and one-half inches in length.

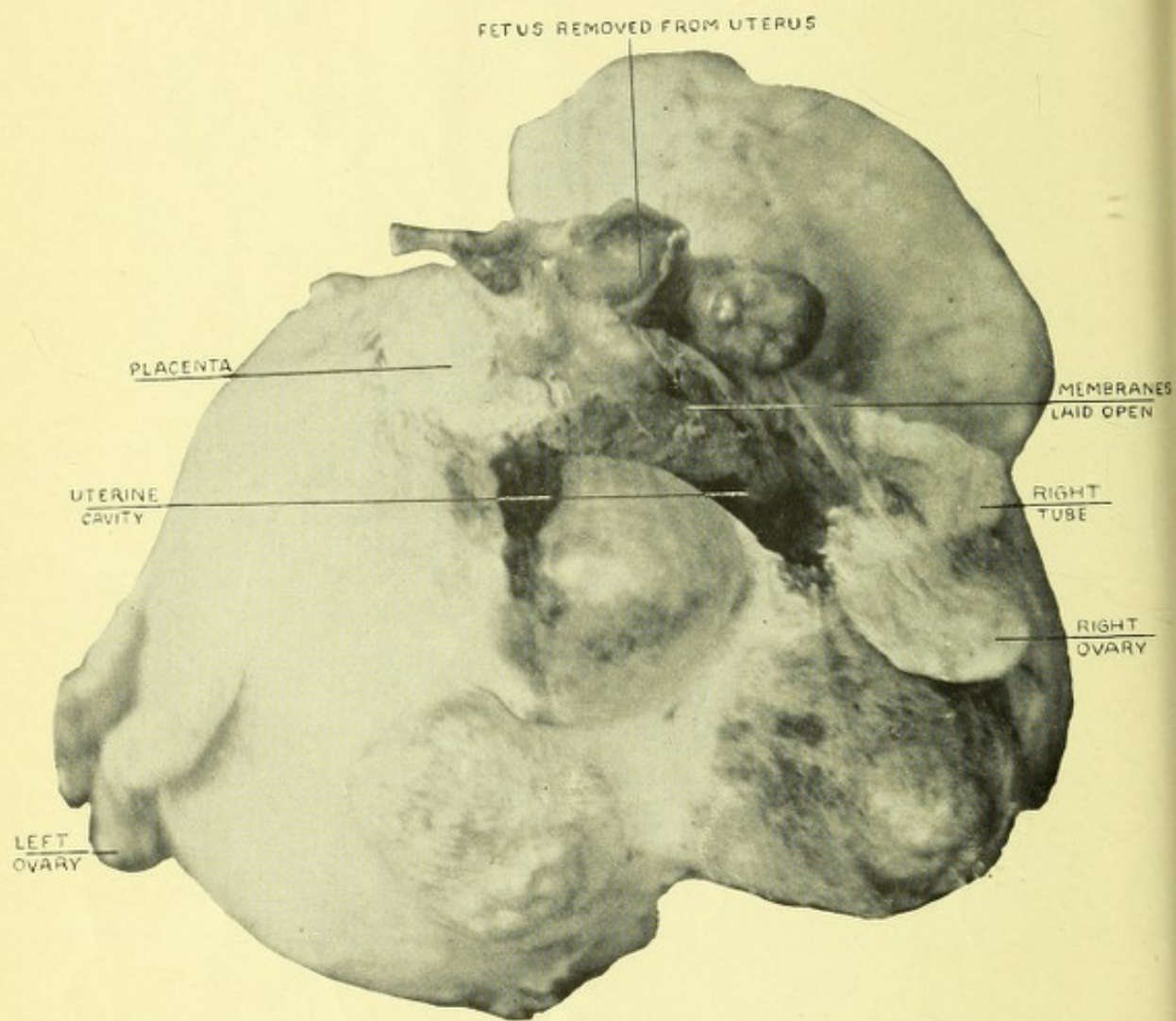




ANTERIOR VIEW.







POSTERIOR VIEW.