Papilloma of the bladder : operation, cure / by Joseph Ransohoff.

PAPILLOMA OF THE BLADDER; OPERATION; CURE.

BY

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PAPILLOMA OF THE BLADDER; OPERATION; CURE.

TUMORS of the urinary bladder are of such rare occurrence and present such varied points of interest in their recognition, prognosis, and therapy, that every example is worthy of careful record. Pain, hemorrhage, and disturbances of the functions of the organ are common to many affections of the bladder, and singly and collectively are scarcely more than aids to the safer methods of diagnosis by physical explorations. Unfortunately even these, together with a most careful examination of the urine, fail to throw sufficient light into some cases in which the rendition of a positive diagnosis prior to an operation or death is simply impossible. The symptoms of calculus, neoplasms, tuberculosis, and prostatic hypertrophy are all gradually developed, and as clinical features of these affections, hæmaturia, pain in the penis, perineum and rectum, and purulent, fetid urine are frequently encountered. In all of these diseases, time brings with it a thickening of the vesical walls. If the examination of the bladder with the searcher give negative results as to the presence of a stone, and particles of a tumor can not be removed from the eyes of the

instrument, the obscurity of the case is only enhanced, particularly if the rectal exploration reveals nothing more than the thickened condition of the bladder or an hypertrophy of the prostate. Even with due consideration to the age of the patient, and the presence or absence of cachexia, to the family history and inherited predisposition to one or other affection, the nature of certain—fortunately rare—cases can not be revealed. I beg leave to present the following illustrative case, which also clearly demonstrates the utility of cystotomy for the relief of urgent symptoms and as a most estimable aid towards the establishment of a diagnosis.

Case.—In December, 1880, I was called to Union City, Indiana, to see I. M., æt. 26, who had for two years been suffering from an obscure affection of the bladder. With the exception of a slight tendency to tuberculosis the family history is good. The patient although ready to admit that he has had numerous opportunities to contract a gonorrhœa, strenuously maintains that he has never suffered from it. During the first six months of his sickness he observed a desire to urinate more frequently, and the necessity of emptying his bladder from two to four times during the night. The micturition was attended with considerable pain, particularly towards the close of the act. During the last year the pain has been constant, and has necessitated the exhibition of from one to four grains of morphia daily. The pains experienced were at first seated in the perineum and at the root of the penis. Recently they have extended to the glans and the

rectum. Within a year severe hemorrhages have supervened four times, and small quantities of blood are lost weekly.

At the time of my first examination the patient was unable to leave his bed, and presented a yellowish tinge of the skin and a body greatly emaciated. The odor in the room convinced me of the existence of some grave affection of the bladder. The pain in the penis is at times so severe that nothing but firm rubbing of the part affords relief. The pain in the rectum is likewise very severe, and becomes excruciating when a hardened fecal mass is expelled. The patient finding it unavoidable to urinate every ten or fifteen minutes holds a urinal between his thighs constantly. The urine when passed is thick and fetid; alkaline in reaction, and speedily deposits a thick ropy sediment which frequently contains the formed elements of blood. The introduction of the sound was so much dreaded on account of the painfulness of previous examinations that the patient was thoroughly etherized before an instrument was used. No obstruction was encountered in the urethra. When the Thompson's searcher had entered the bladder and was rotated it revealed posteriorly and to the left a roughened condition of the bladder which was sufficiently pronounced to interfere with the complete rotation of the instrument. With the finger in the rectum, an enlargement of the prostate was found, and when a second finger was introduced the greatly hypertrophied wall of the bladder could be felt between it and the sound. A prolonged examination failed to

reveal the existence of either a calculus or calcareous incrustations. Before removing the instrument, the capacity of the bladder was determined by an injection. Under moderate pressure it held a little less than four ounces.

Early in January, 1881, the patient was brought to the City and occupied a room at the Cincinnati Hospital. During the four weeks that I had not seen him, his general condition had become worse, and his sufferings had augmented to such a degree that unless morphia was administered in one-third or half-grain doses, relief could not be obtained. Evening temperatures, followed by night-sweats had supervened, and a rather copious purulent discharge from the urethra had appeared. Repeated physical examinations failed to throw any further light upon the nature of the case. The great tenderness of the posterior vesical wall and of the prostate when palpated through the rectum, and the suffering produced by each stool led the patient to the belief that his entire trouble sprang from the lower portion of the bowel. In the absence of stone, and without the previous existence of a gonorrhœa to account for the violent cystitis which had developed, the diagnosis, it appeared to me, rested between a tumor of the bladder and tuberculosis of the genito-urinary apparatus. The urethral discharge, the marked sensitiveness of the neck of the bladder, the prostatic enlargement, the decided hectic, and rapidly increasing emaciation were strong factors pointing to the existence of tuberculous deposits about the neck and base of the organ.

On the other hand, the absence of tuberculous manifestations in the lungs and in the testicles militated strongly against the presence of a primary tuberculosis of the parts involved in the disease. When tubercles are found in the mucous membrane of the bladder, they are as a rule associated with similar deposits in the vesiculæ seminales, testicles, and particularly in the kidneys. Indeed the existence of a tuberculosis limited to the bladder is so great a rarity, that I have been able to find no other instance than that of Prescott Hewett recorded.

The recurring expulsion of pure blood from the bladder, and its presence in smaller quantity in the urine at short intervals, the pain radiating from the perineum to the penis and rectum, and the inability to sweep the fundus and sides of the bladder with the beak of the instrument, were the prominent symptoms and physical signs that led to the suspicion that a vesical growth was at the bottom of the violent cystic inflammation. Nevertheless, the negative result which was obtained by resorting to Volkman's method of "bimanual exploration" of the bladder made me doubt the presence of a tumor.

Recognizing the futility of internal medication, the impracticability of washing out the bladder on account of the suffering which it entailed, and the inroads which the disease was rapidly making on the general health of the patient, I determined to resort to cystotomy in order to ameliorate his condition and to permit the removal of a neoplasm if one should be found.

Operation (Jan. 19, 1881).—The patient having

been placed under the influence of ether, a large grooved staff was introduced into the bladder and the incision usually made for lateral lithotomy practised. When the bladder was opened and the finger introduced, it at once came in contact with a fleshy mass situated on the posterior wall of the viscus to the left of the median line. As nearly as could be determined by circumventing the growth with the finger, it had attained the size of a small peach. It was not in the least movable, but was firmly attached by a broad base to the vesical wall. On this account, its removal with the écraseur or wire-loop was wholly out of the question. Guided by the finger of the left hand, I was enabled to introduce one of Volkman's sharp spoons and without any considerable difficulty break down by a scraping process the tumor, which came away in shreds and in larger masses. The great friability of the tumor unquestionably added to the comparative facility with which this part of the operation was accomplished. Not until I could feel quite a distinct excavation in the place where the tumor had existed did I desist from the scraping process. It is almost needless to add, that the cutting edge of the spoon was always guided by the finger, and that the manipulations necessary to the levelling of the growth were at no time violent. The hemorrhage at the time of operation was very copious, but after its completion it yielded readily to injections of hot water.

Considering the miserable condition of the patient prior to the operation, his recovery from its imme-

diate effects was very gratifying. During the first two days the contact of the urine with the clear surface of the wound gave rise to considerable suffering, but after granulations appeared this source of pain disappeared. During nearly two months the perineal wound remained open and the bulk of the urine discharged through it. The pain in the penis and perineum had passed away, and the desire to urinate had become less frequent. Notwithstanding frequent and copious injections made into the bladder through the perineal aperture while practicable, and later on through the penis, the urine continued alkaline for three months after the closure of the wound and the patient experienced the necessity to empty his bladder from four to six times in the course of the night. The pain in the rectum likewise continued for nearly six months after the operation and at times was so severe that I was repeatedly accused of having operated in the wrong region. The continuance of these symptoms unquestionably depended upon the delayed reduction of the inflamed mucous membrane to its normal condition, and upon the substitution of a slowly healing ulcer in the place of the tumor. Quite a year elapsed from the time of operation before the urine passed by the patient was normal in character, and before he could pass six or seven hours in continuous sleep. The tedious convalescence, which was extremely embarrassing in this case, corresponds with the experience of other operators in similar cases.

The rasping process which in this particular case

answered so excellently for the removal of the growth, unfortunately excluded the possibility of any satisfactory investigation of its histological character. Examinations of a large number of particles removed by the spoon revealed the presence of numerous elongated bundles of a loose connective tissue, which were occasionally found to terminate in rounded-off points like those encountered in the papillomata springing from other mucous membranes, and invested upon their exterior by one or two layers of low epithelial cells. The most marked feature of the teased specimens, which were the only ones that could be obtained, was the great predominance of large capillary loops and meshes, which accounted readily for the frequently recurring hemorrhages. These factors in the histological construction of the tumor, and its non-recurrence after a lapse of two years have almost convinced me that it would properly be classed with the non-malignant fibrous papillomata. Considerable doubt may justly attach to this disposition of the tumor, since papilloma vesicæ rarely appears singly, and speedy reproduction is as much a characteristic of the vesical as of other villous growths. Thus W. Alexander[1] reports the case of a woman from whom he removed twelve fungous growths *per urethram* and was forced to repeat the procedure twice within less than two years. In a very able article upon this subject, Dr. Robert S. Hudson[2]

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[1] Brit. Med. Journal, 1878, vol. ii. p. 209.

[2] Dublin Med. Journal, vol. 67, p. 490.

records a case in which the bladder was found to contain eight distinct growths which might easily have been removed by écraseur, evulsion, or scraping.

For reasons that are patent, the diagnosis and treatment of vesical neoplasms must vary materially according to the sex of the individual. The dilatability of the female urethra, its close anatomical relation to the vagina, and the facility with which instruments can be introduced into it, render the diagnosis and operative treatment of these tumors in the female, a matter of comparative simplicity. Hence it is not remarkable that of the 16 cases of operations for cystic growths collected by Gross,[1] 12 were in females and only four in males. To the former number such large contributions have been made in recent years that the list that could be gathered would rather exceed than fall short of fifty. Over a year ago, Stein[2] was able to collect 23 operations upon females practised either through the urethra or by incision through the vesico-vaginal septum.

Excepting the worse than useless, hazardous, and unsurgical attempts of French surgeons like Civiale and Mercier to crush these growths in the male bladder with the lithotrite, they were practically considered inaccessible to operative interference until the celebrated case of Billroth levelled the barriers which confined surgeons to palliative meas-

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[1] S. W. Gross, Urinary Organs, 1876.

[2] A. W. Stein, Tumors of the Bladder, Wood & Co., 1881.

No. of Cases.	Operator.	Age, years.	Nature of Tumor.	Mode of Operation.
1	Crosse.	•2	Multiple polyps.	Perineal cystotomy and discision.
2	Gersuny.	49	Sarcomatous polyp.	Perineal cystotomy.
3	Desault.	. .	Pedunculated fungus.	Perineal cystotomy.
4	Billroth.	12	Myoma.	Combined perineal and suprapubic cystotomy.
5	Volkman.	54	Myoma.	Combined perineal and suprapubic cystotomy.
6	Kocher.	38	"Fungoid tumor."	Perineal cystotomy.
7	Humphry.	32	Pedunculated growth.	Perineal cystotomy.
8	Davies-Colley.	21	Papilloma.	Perineal cystotomy.
9	Berkely Hill.	63	Pedunculated growth, malignant.	Perineal cystotomy.
10	Thompson.	29	. . .	Median perineal cystotomy.
11	Morgan.	65	Villous growth.	Median perineal incision.
12	Marcacci.	54	. . .	Suprapubic cystotomy.
13	Covillard.	. .	. . .	Perineal cystotomy.
14	Ransohoff.	26	Papilloma.	Perineal cystotomy.

Result.	Remarks.	References.
Death.	Tumor not entirely removed.	A Treatise on the Formation, etc., of Urinary Calculi, 1835, p. 44.
Death.	Failed to reach the growth	Langenbeck's Arch. f. Chir. 1872, p. 131.
Recovery.	Coexisted with stone.	Chopart, Traité des Voies Urinaires, t. ii. p. 96.
Recovery.	Patient discharged on the thirty-second day.	Langenbeck's Arch., 1875, Bd. 18, p. 411.
Death.	From peritonitis.	Langenbeck's Arch., Bd. xix. p. 682.
Recovery.	Modified median operation.	Centralbl. f. Chir., April, 1, 1876.
Recovery.	Convalescence very tedious, with continuance of pain for two months.	Medico-Chirurgical Transactions, vol. 62.
Recovery.	Continuous hemorrhages the diagnostic feature of the growth.	London Lancet, 1880, vol. ii. p. 980.
Death.	Disorganized condition of tumor prevented minute examination.	British Med. Journal, May 14, 1881.
Recovery.	Lithotrity previously performed with only temporary relief.	Royal Medico-Chirurgical Society, April 11, 1882.
Partial success.	Had passed gravel before operation.	London Lancet, 1882, vol. ii. p. 440.
Death.	Death from exhaustion from urinary fistulæ.	L'Imparziale, Fev. 1880.
Recovery.	Precise data have not been recorded.	A. W. Stein, Tumors of the Bladder, p. 72.
Recovery.		