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OF

CYSTIC TUMOUR ATTACHED TO KIDNEY

SIMILATING OVARIAN DISEASE;

EXTIRPATION OF KIDNEY; RECOVERY.

BY

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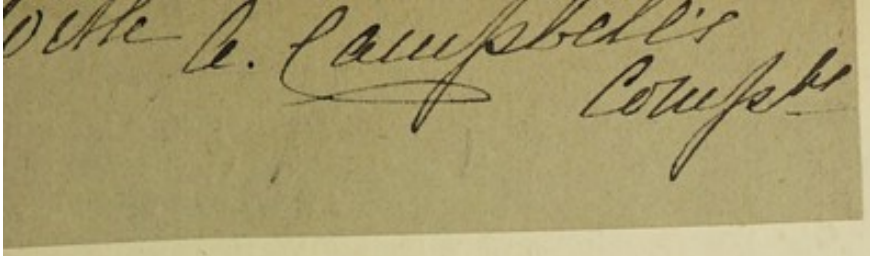
Read by Dr Matthews Duncan before the Medico-Chirurgical Society of Edinburgh.



CASE

OF

CYSTIC TUMOUR ATTACHED TO KIDNEY.

Mrs S., aged 49, widow, millworker, was admitted to the Dundee Royal Infirmary on 5th November 1873, when the following record of her case was made:—Patient has had five children, the last thirteen years ago, and two miscarriages, one after the second and the other after the fourth child. Up to the beginning of present illness she enjoyed good health. About eighteen months ago, she noticed for the first time a swelling in the left iliac fossa, which has gradually increased in size in an upward and inward direction, and within the last two months has made very rapid progress.

She looks tolerably healthy, but rather languid, and feels unable for any but very slight exertion. Pulse 78, rather feeble; temp. 98·5°; tongue moist and clean; appetite fair; bowels habitually constipated. A tumour, freely movable in all directions, is found occupying the left iliac, part of the hypogastric, and part of the right iliac regions. Its size seems to be rather larger than a man's head, or about 7 inches in the long and 6 in the short diameter. Three separate fluctuating points, each about the size of a small orange, and all communicating with one another, are found on its anterior aspect. Slight pain is caused by moving the tumour. On digital examination per vaginam, the uterus is found to have an abnormally high situation, but nothing else remarkable is found. No dulness on percussion of lungs; respiratory murmur natural; heart normal; urine contains no albumen, and is otherwise healthy. She has lost flesh since disease began, but especially within the last three months. After consulting with my colleagues, Drs Nimmo, Greig, and Miller, ovariotomy was determined on.

Operation.—On 2d Dec. the rectum was emptied by an enema of tepid water, a purgative having been given on the previous day. At 2 P.M. the patient was put under the influence of sulphuric ether. The bladder was then emptied, and the operation proceeded

with in the following way:—An incision about five inches in length, from an inch below the umbilicus downwards, was made in the middle line. The skin, fascia, and muscles were rapidly divided, and the peritoneum having been displayed, was divided on a director. The cyst was now reached, and the edges of the wound were held so as to prevent the escape of the contents into the abdomen after puncturing. The cyst had a multilocular appearance and was of a whitish colour. About three-fourths of it was covered by peritoneum. A large ovariotomy trocar, with several feet of indiarubber tubing attached, was plunged into the cyst, but, though firm pressure was applied, and kept up steadily for a minute or two, no fluid escaped. On withdrawing the trocar it was found that the cyst contents were of the consistence of porridge. In these circumstances, the cyst was laid open and its contents cleared out, which amounted to about 2½ pints. The cyst was now dragged forward, but was found to be firmly fixed and attached posteriorly. A minute examination of the interior of the abdomen showed, to our great surprise, that both ovaries were in their natural situation, and of normal size. A little further examination served to show that the tumour, which was the cause of the operation, was a large cyst attached to, or rather thoroughly incorporated with, the lower end of the left kidney. As matters stood, it was at once determined to remove both kidney and cyst. A portion of intestine and omentum, which were very firmly adherent to the posterior part of the tumour, were carefully separated by the fingers; the left ureter and the renal vessels were tied with a strong hempen thread, and the kidney along with the tumour removed. There was considerable oozing, but little free bleeding, from the bed of the tumour. Four omental vessels were seized and tied with Lister's carbolized catgut ligatures, and the interior of the abdomen was carefully cleaned with sponges previously soaked in an aqueous solution of carbolic acid, and latterly in warm water. Deep sutures of silk thread, and superficial of horse-hair, were alternately used, for closing the wound, which was covered with a pad of antiseptic gauze and lint. The patient was then removed to bed, and two hours afterwards a half-grain morphia suppository was administered.

The tumour was found to be caused by cystic degeneration of the lower fourth of the kidney, of which the other parts had the appearance of health.

6 P.M.—Very feeble. Complains of cold, though extremities feel quite warm. Pulse 100; temp. 98·4°.

9.30 P.M.—Urine drawn off by catheter. Has retched a little. Has had a little iced brandy-and-water.

℞ Pulveris opii gr. i. every four hours.

3d Dec.—Morning—Pulse 132; temp. 100·6°. To have enemata of beef-tea and egg-flip; milk, beef-tea, and iced brandy by mouth if possible.

Evening.—Pulse 138; temp. 101·8°. Catheter used twice to-day.

4*th Dec.*—Morning—Pulse 132; temp. 100·6°; tongue moist, coated in centre with a slight brown fur. Bowels moved freely three times last night. She micturates freely. Abdominal pain is troublesome at times. Continue opium.

Evening.—Pulse 144; temp. 101·4°. Bowels have moved once during the day. She has passed urine several times. Examination of urine—pale amber; acid; 1020; no sediment; a trace of albumen.

5*th Dec.*—Morning—Pulse 120; temp. 100·7°. Taken food fairly. Feels better.

Evening.—Pulse 126; temp. 100·8°. Complains of abdominal pain especially after swallowing anything. The wound seems to be healing. To-day, for the first time, she has slight abdominal distension.

6*th Dec.*—Pulse 114; temp. 100·3°. Slept fairly. Bowels moved last night.

7*th Dec.*—Pulse 108; temp. 100·6°. Passed a quiet night. Has still a little pain in left lumbar region. Bowels moved. Takes food well. Enemata discontinued. To have opium every six hours.

8*th Dec.*—Pulse 114; temp. 100·4°. Did not sleep much, on account of pretty severe pain in back. To have opium every four hours.

9*th Dec.*—Pulse 120; temp. 101°. Slept very well last night. Pain in centre of abdomen not much abated, but lumbar pain has almost disappeared. Passed 34 ounces of urine in last twenty-four hours. Sutures removed. Wound healed superficially, except for half an inch at lower end. No pus seen.

10*th Dec.*—Pulse 120; temp. 101·7°. Slept well. Bowels regular. Abdominal pain slightly increased. Urine—pale amber; acid; 1015; trace of albumen; no sediment.

11*th Dec.*—Pulse 120; temp. 101·7°. Complains much of abdominal pain. Bowels rather constipated. To have a teaspoonful of castor-oil.

12*th Dec.*—Pulse 108; temp. 100·6°. Slept very well. Feels much better. Bowels moved after oil. Continues to take food well—viz., fish, chicken, beef-tea, and milk.

13*th Dec.*—Pulse 108; temp. 101·2°. Slept well. Pain abated. On removing dressings, about two drachms of pus were seen on surface of wound.

14*th Dec.*—Pulse 108; temp. 101·4°. Slept well. To have two ounces of sherry daily. 33 ounces of urine in last twenty-four hours.

15*th Dec.*—Pulse 126; temp. 102·2°. Slept well. Two drachms of pus on dressings.

℞ Tinct. aconiti ♏xxiv.; Aquæ ℥iij.

Sig.—Teaspoonful every hour.

Increase sherry to four ounces daily.

16*th Dec.*—Pulse 96; temp. 97·6°. Perspiring freely. No rigors since operation. Stop aconite.

17*th Dec.*, 10 A.M.—Pulse 108; temp. 98·6°. Complains of a very disagreeable pain in rectum, with an almost constant desire to defecate. To have a quarter of grain of morphia in suppository.

7 P.M.—Pulse 120; temp. 102·8°. Resume aconite.

18*th Dec.*—Pulse 102; temp. 98°. Slept well till 3 A.M., when she began to retch. Pain in rectum continues. To have a tablespoonful of castor-oil by enema, and a half-grain morphia suppository in evening. Stop opium, aconite, and wine. To have a teaspoonful of brandy frequently. Edges of wound gaping slightly in its whole length, and about half an ounce of pus has been discharged from it daily since the 16th. It is being dressed with strips of adhesive plaster and water-dressing.

19*th Dec.*—Pulse 108; temp. 98·5°. Has vomited bile frequently during the night. Bowels have moved freely several times. To have a pint of champagne daily.

20*th Dec.*—Pulse 120; temp. 98·7°. Slept for seven hours last night. Vomiting and pain in rectum have ceased. Feels and looks much better.

21st *Dec.*—Pulse 114. Forty ounces of urine in last twenty-four hours. Pale amber; neutral; 1016; no sediment; no albumen.

28*th Dec.*—Has taken food tolerably well since last note. Much emaciated.

4*th January* 1874.—Daily quantity of urine, about forty ounces. From two to three drachms of pus are being discharged daily from wound, which seems united deeply, but is still open superficially.

18*th January.*—Takes milk and beef-tea, but very little solid food and stimulants. Tenesmus again troubles her occasionally. Has been able to sit up in bed for a short time on each of the last four days.

2*d February.*—Has been out of bed for a few hours daily during the last week, and has been free from tenesmus for nearly a fortnight.

9*th February.*—Wound healed except about half an inch superficially. Takes food much better.

24*th February.*—Health improving. Takes food with a greater relish than at any time since the operation. Wound quite healed.

24*th March.*—Patient continues to improve. She can walk along the ward without support. Still very pale and thin. Takes food well. Sleeps well. Urine contains no albumen. Removed to-day to Convalescent House, nearly one mile distant.

9*th April.*—She is now making rapid progress towards complete recovery, is walking about freely, and intended returning home in a few days; but we, knowing that she must return to very reduced circumstances, have prevailed on her to stay for some time longer.

My thanks are due to my friend, Dr Sinclair, medical superintendent, for the unwearied attention he bestowed on this case.

Remarks.—Before surgeons had the benefit of the admirable work "Chirurgie der Nierè," by Simon, of Heidelberg, and the publication of his successful case, extirpation of the kidney was not

looked upon as a justifiable operation. So far as I can learn, no successful case has hitherto been recorded in this country. The one now under consideration is not only interesting as a case of recovery after removal of the kidney, but as showing how impossible it is to arrive at anything like an accurate diagnosis in some rare cases of abdominal tumours. We have in the diagnosis no evidence whatever that might lead us to suspect tumour connected with the kidney; but every symptom in the history and examination pointing directly to ovarian disease. The patient (who, I am convinced, gives a correct history) states positively that the tumour first appeared in the left groin, and continued to extend upwards and inwards. No portion of intestine could be detected in front of it, and there was no evidence or history of nephritic colic, albuminuria, or other change in the quantity or state of the urine. The tumour was so incorporated with the cortical substance of the kidney that either the kidney and tumour had to be removed or both left. Another interesting point is the fact that the secretion of urine was so little affected by the operation. Plenty of clear urine was excreted from the first, and there were no uræmic symptoms.

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