

A CASE OF "DECIDUOMA MALIGNUM" AFTER  
THE MENOPAUSE.\*

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A SALLOW-COMPLEXIONED woman, aged 53 years, was sent to me by Dr. Batson, of Dorking. She was admitted into the Samaritan Hospital on March 21st, 1902. She had had ten children. Her last pregnancy, nine years previously, terminated at the third month. Eighteen months before her admission into the hospital her menstrual periods ceased, and no blood loss was noticed until October, 1901, when a sudden gush of blood came from the vagina, followed by continuance of the flow for one day. This free hæmorrhage recurred every four or five days until three weeks before admission, when only a brown discharge was noticed. The severity of the hæmorrhage necessitated her confinement to bed during its progress. She had no pelvic pain, but had been losing flesh.

*Bimanual Examination.* The uterus was found to be enlarged to about the size of a three months' pregnancy. The enlargement was uniform and soft in consistence. The uterus was freely movable. A small fleshy polyp was growing from the external os uteri. Slight uterine hæmorrhage followed the examination.

The uterine cavity was explored under anæsthesia on March 24th, 1902. When I passed a uterine sound into the cavity blood literally poured out of the uterus. An iodoform gauze plug was employed to arrest the bleeding, and as I had not obtained the consent of the patient for hysterectomy she was returned to bed.

I have never seen the non-gravid uterus bleed so freely as it did in this patient. She had informed me that at home the hæmorrhage was most alarming, and very difficult to control.

Two days later, with her consent, I performed vaginal hysterectomy. The uterus was plentifully supplied with blood-vessels, and on removal its peritoneal aspect was bright red in colour. On cutting into the uterus the appearance was most remarkable. The whole cavity was filled with blood-clot, and the uterine wall intensely vascular. The clots were both recent and of old standing; the latter, dark in colour, being more numerous. The growth, as shown by

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microscopic examination, exists between the blood-clot and the uterine wall.

The patient rallied well after the operation, but her subsequent progress was unsatisfactory, and she died on the sixth day from suppression of urine. The urine contained two-thirds albumen. She had lost flesh considerably before the operation, and the continued hæmorrhage rendered her condition unfavourable for such a severe trial.

*Microscopic Examination.* Sections were made from different portions of the central blood-clot occupying the uterine cavity. No evidence of new growth was found in any of these. The sections made at different levels in the uterine wall demonstrated the existence of a new growth between the blood-clot and the uterine muscle.

*Under a low power* strands of cells are seen penetrating into the muscular wall of the uterus. The new growth is composed of multinucleated masses of protoplasm showing well-marked vacuolation, and of a loosely reticulated tissue containing in its meshwork rounded cells with deeply stained nuclei. The remainder of the section consists of fibrin and blood-clot.

*Under a high power* (Zeiss' E. No. 2 eye-piece) the cells penetrating the uterine muscle are seen to be rounded. They contain a deeply stained nucleus, whereas the cells' protoplasm is lightly stained. The loose reticulum is well seen, and contained in its meshwork the large rounded cells with deep stained nuclei and surrounding protoplasm relatively clear. Large multinucleated protoplasmic masses are conspicuous objects in the field. They are mostly elongated and irregular in outline; some, however, exhibit well-marked anastomosing branches. The nuclei are well stained, whilst the protoplasm, although of a lighter colour, is uniformly stained throughout the cell mass. It appears to be coarsely granular, and in the majority of the cell masses well-marked vacuoles exist. Some of these multinucleated masses appear to be formed by a fusion of smaller cells. The chief portion of the new growth consists of cells of various shapes. They are mostly large in size, and rounded or oval in outline. Some are elongated. The nuclei, which are relatively large, stain deeply. Fibrin and blood-clot are seen to compose the greater part of the specimen. There is no structure corresponding to a villus.

*Post-mortem Examination.* The following is a synopsis of the report of the *post-mortem* examination made by Dr. Bosanquet:—

*Pelvis.* Some purulent fluid in the pelvis and dependent parts;

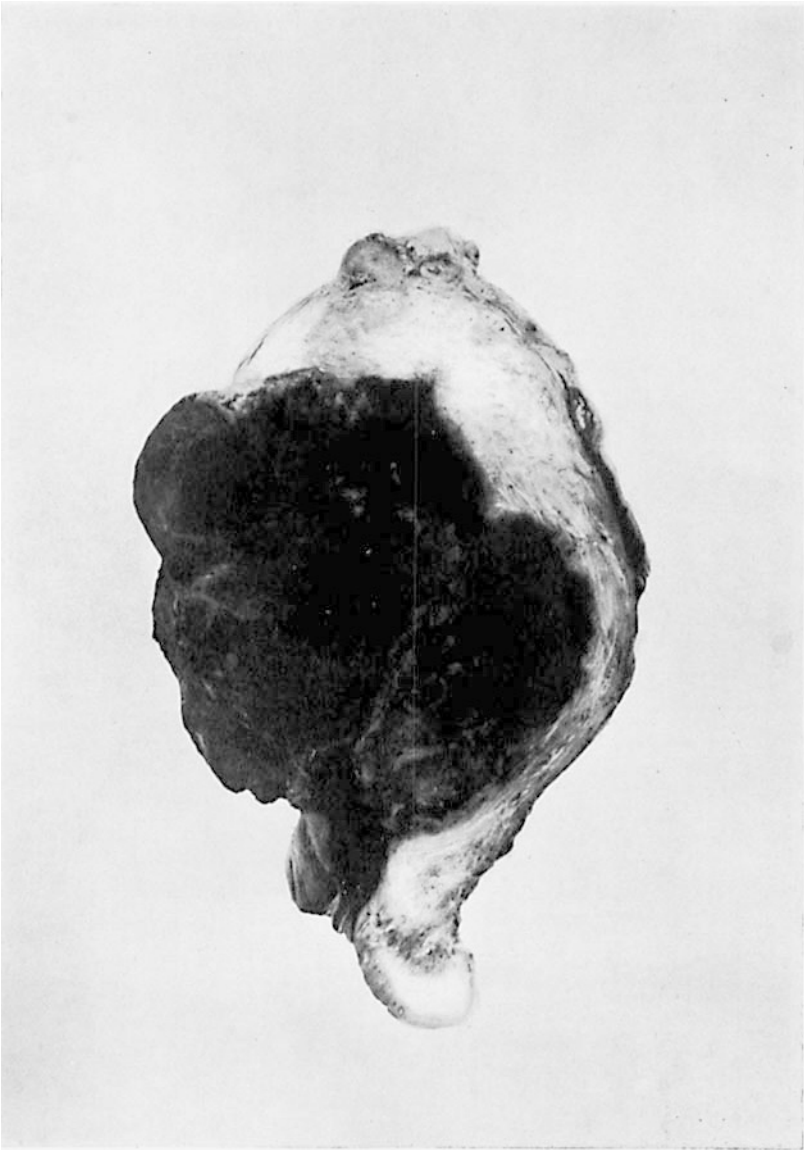


FIG. I.—Natural size. The anterior wall of the uterus was divided in the middle line. The retraction of the cut edges disclosed the central blood clot occupying the uterine cavity. A mesial section was then made through the fundus uteri, posterior uterine wall and blood clot. One half of this section is represented in the figure. The blood clot is seen to fill the cavity of the uterus. The growth, as proved by microscopical examination, exists between the blood clot and the uterine wall. It will be observed that the central portion of the posterior uterine wall is invaded by the growth to such an extent that well marked thinning is noted. The growth had invaded the uterine walls in an irregular manner so that the outline of the central blood clot was lobulated. The cervix is not affected.

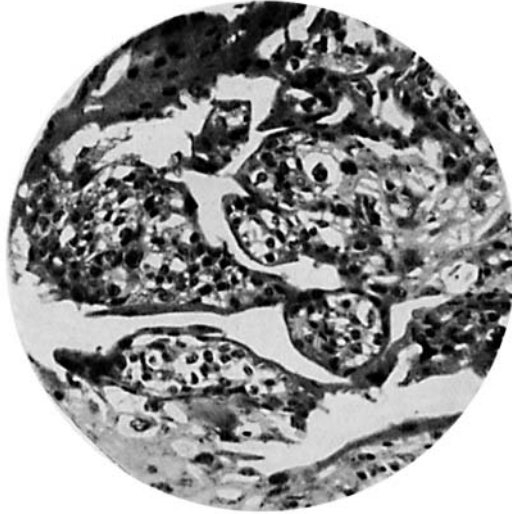


FIG. II.—*Photomicrograph of a Section of the New Growth.* Stretching across the field an irregular, elongated, multi-nucleated, cell mass is seen. The rounded cells, with deeply stained nuclei, can also be observed in the section.

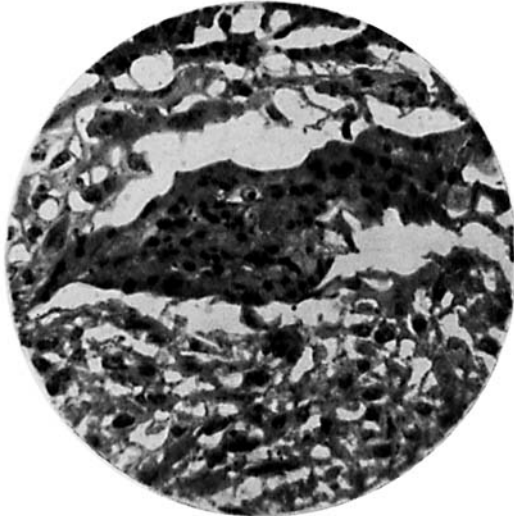


FIG. III.—*Photomicrograph.* Vacuolation of the multi-nucleated cell masses is well shown, also the deeply stained nuclei.

no adhesions over pelvic wound; coils of gut quite loose; no enlarged glands in the pelvis; stumps satisfactory.

*Abdomen.* Liver 3 lbs., fatty; *no secondary growths.*

*Spleen.* Three ounces, soft.

*Kidneys.* *Right*, 3½ oz.; *left*, 4 oz., small, cortex very thin. Capsule tears the substance of the organ on removal. Early granular kidneys. Other abdominal contents normal.

*Thorax.* Some old adhesions in left pleural cavity.

*Lungs.* Œdematous; no pneumonia or bronchitis; some emphysema of anterior margins; *no secondary growths.*

*Heart.* Eight ounces; small, flabby; no valvular disease.

*Brain and spinal cord* not examined.

I was present at the *autopsy*, and noted the total absence of any attempt at closure of the pelvic wound, although six days had elapsed since the operation. The ovaries and tubes were free from disease.

The Pathological Committee of the Obstetrical Society of London reported that the specimen was undoubtedly an example of deciduoma malignum.