

Adenomyoma involving the Vermiform Appendix.*

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EXTRA-UTERINE adenomyomata are by no means rare, but have generally been observed in connexion with the rectum; there do not appear to be a great number of cases on record in which the vermiform appendix has been involved.

The work of Sampson on ovarian adenomata of endometrial type has added further interest to these cases, and in a paper published last year he has dealt especially with the subject of intestinal adenomata and their relation to the ovarian tumours. He mentions the sigmoid, rectum, appendix and terminal loop of the ileum as the usual sites and gives the histories of twelve cases. The lesions may be surface implantations, implantations developing between adherent folds of peritoneum or deep invasions of underlying structures, and are present in more than half the cases of ovarian adenomata of endometrial type.

The case which I have to describe belongs to the class dealt with by Sampson in the paper referred to, typical adenomyomatous tissue being present in the vermiform appendix.

The patient was a married woman, 35 years of age, who had never been pregnant. The menstrual flow was regular but excessive. She complained of severe pain in the left lower abdomen, constantly present but worse at her periods.

On examination the uterus was found enlarged and nodular and the left appendage cystic and adherent. She was thought to have uterine fibroids and an adherent appendage and was admitted to hospital for operation. On opening the abdomen the uterus was found to contain several fibroids and the bladder was adherent high up on its anterior surface. The left ovary was cystic, closely fixed to the sigmoid and contained a quantity of brown treacly material which escaped during removal. The adjacent part of the sigmoid was much thickened. The right ovary was not enlarged but was firmly adherent to the back of the broad ligament. The vermiform appendix was long, dipped down into the pelvic brim and its

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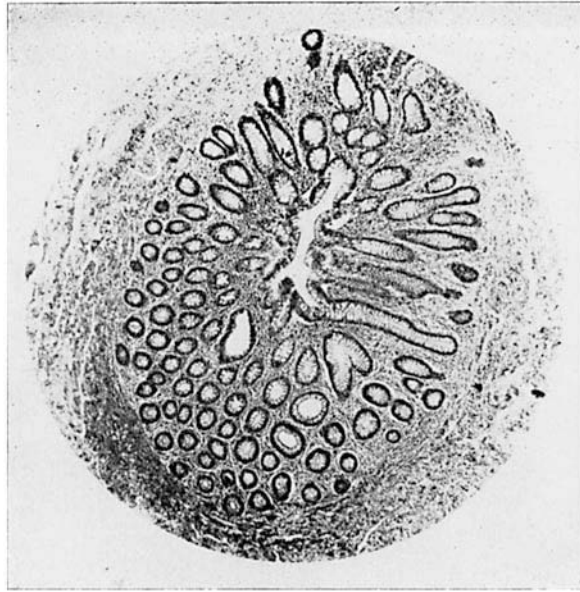


Fig. 1. Lumen of appendix.



Fig. 2. Adenomatous tissue on surface of appendix.



Fig. 3. Island of adenomyoma in wall of appendix.

enlarged and globular tip lay close to the ovary but was not actually adherent to it. It was, however, firmly attached to the lateral pelvic wall. The uterus, appendages and the appendix were removed, and the patient made a good recovery.

It is nine months since the operation and I regret that the macroscopic specimens have been destroyed. The uterus, however, was examined at the time and was reported as containing fibroids and no other lesion. Sections were cut from the left ovary and the appendix and these have been preserved.

In the section of the appendix the lumen appears in several places, the distal end being evidently bent on itself and glued into a globular mass. At one point on the surface is a superficial adenoma which appears to have been torn across during removal of the organ. Deeper down are islands of adenomatous tissue surrounded by smooth muscle and exactly similar in appearance to the uterine adenomyomata.

The micro-photographs show these lesions quite distinctly, and the appearances of the adenomatous part may be contrasted with those of the glands of the appendicular mucous membrane, a photograph of which is also reproduced.

I have not included a photograph of the ovary as the section is a poor one and the histological appearances inconclusive. It shows the wall of the blood cyst, and at one point on the inner surface there is an area of very cellular tissue containing a few structures like degenerated glands. I feel sure that this is a portion of an ovarian adenoma and that the growth would have been quite obvious had serial sections been cut at the time.

I think the appendicular adenomyoma was secondary to an adenoma of endometrial type occurring in the left ovary, being brought about by implantation of some of the "tarry" contents. A similar lesion was no doubt present in the portion of sigmoid adjacent to the ovary as shown by the thickening of its walls in this locality.

REFERENCE.

Sampson, J. A. *Arch. Surg.*, 1922, v, 217. (Abstracted, *Surgery, Gynecol., Obstet.*, Jan. 1923.