Am Gyn Obs J 1897 V-11

MULTIPLE FIBROIDS OF THE UTERUS, COMPLICATED BY PREGNANCY: TRIPLETS; HYSTERECTOMY.*

By William Jepson, B.S., M.D., Sioux City, Iowa.

Professor of Surgery, Sioux City College of Medicine; Surgeon to St. Joseph's Mercy Hospital.

During the time allotted me by the society, it is my wish briefly to relate to you the clinical history of a patient whose uterus was the seat of multiple myomata, or what is generally spoken of as uterine fibroids, and which was complicated by triple pregnancy (or the pregnancy was complicated by the uterine myomata, which ever way you will have it). And in speaking of complications let me here mention that before I had solved all the possibilities and probabilities in the case, I was much impressed with the fact that the diagnosis was also complicated, if I may use that term, and it is for this reason that I report the case.

The lady in question, Mrs. C., was thirty-six years of age, an American by birth and a Caucasian. Her family history was devoid of any features of interest. Both parents, four brothers and four sisters, were living and in excellent health. One brother and two sisters dead. The brother died of pneumonia at the age of sixteen years, and one sister in infancy, and one during confinement at the age of thirty-eight, after being the mother of several children; cause of her death not known. The patient menstruated first at the age of thirteen, and at fifteen began menstruating with regularity which continued till after her marriage at the age of thirty-five. The amount of menstrual flow was always about the the same, and what to her would seem normal; the same lasted from three to five days.

During the past few years she suffered slightly from pelvic pain for a day or two prior to and during menstruation, but at no time did she suffer from menorrhagia or metrorrhagia. She had always considered herself well until shortly after the time when she presumed that she became pregnant. September 16, 1894, she was married to the husband of her dead sister (this being her first marriage). About the middle of August, 1895, she menstruated for the

* Read before The Medical Society of the Missouri Valley, March, 1896.

history-of-obgyn.com

last time. I here append the report of her physician, Dr. Stidworthy, through whose kindness I saw the patient:

"September 29 I was called for the first time to see the lady, owing to pain which she complained of referable to intrapelvic organs; she considered herself pregnant, in which I concurred, but I observed that her condition was not a normal one, as a fair-sized tumor was discernible in the right iliac region.

"November 18 I again saw her, at which time her abdomen was much distended and the rate of increase had been greatly in excess of what I had expected to observe, even with the pregnancy complicated with a growth as it is. I have requested that they consult you, as there is much concerning her condition which I do not clearly comprehend." I was first consulted by the patient on the 20th of November, and at this examination, which was conducted in my office without anæsthesia, the abdomen upon inspection gave evidence of being distended by some intra-abdominal mass to a degree about that which is observed in the average pregnant woman at about the seventh month. Percussion gave resonance in the flanks as well as in the epigastric and hypochondriac regions, with dullness over the rest of the abdominal area; palpation disclosed the mass to have its origin in the hypogastric region and to be spheroidal in shape, well filling the abdomen. It was very elastic to the touch and marked fluctuation was elicited, and at several points its wall gave me the impression of being somewhat thinned. Three distinct tuberosities upon its surface could be fairly well outlined as well as a larger mass in the right hypochondriac region, but whose relationship could not be made out owing to the tension of the abdominal wall. Vaginal examination revealed the cervix softened and crowded backward and to the left by a dense smooth mass, which with the cervix quite filled the true pelvis. A marked sulcus existed between it and the cervix, the extent of which I could not determine, as bimanual palpation could not be utilized to separate them. Digital examination per rectum revealed no additional information except to more distinctly outline the cervix and tumor; no measurements of the intra-uterine cavity was made, owing to the evidence of the existence of pregnancy, as indicated by the cessation of menstruation nearly three months previously and development of the areola and milk. I could not make out what I considered to be the pregnant uterus, but this I thought was owing to it being con-

history-of-obgyn.com

cealed by the tumor. Auscultation and ballottment gave negative signs. The other organs seemed to be possessed of normal functions although there was some anasarca of the limbs. The existence of a rapidly-growing multilocular ovarian cyst and a broad ligament, or possibly a uterine myoma, associated with pregnancy about three months advanced seemed to me most probable after an analysis of the phenomena presented, and such was the diagnosis formulated and upon this I based the opinion that operative interference would ultimately be necessary:

1. Because if she was pregnant (as to which I entertained no doubt) it would in all probability be impossible for her to go to term, owing to the encroachment of the presumed tumor upon intra-abdominal area.

2. Even if it were possible for pregnancy to continue, the tumor in the pelvis would preclude the possibility of a delivery at full term, owing to the occlusion of the pelvic straits by the same; on the other hand, I believed that the presumed ovarian cyst and the myoma might be removed with good results and prospects of a termination of labor at full term.

I informed the husband and his wife of my opinion as to the conditions existing, as well as the treatment which it appeared to me was indicated, if any amelioration of her condition was secured. At the end of ten days she returned to enter the hospital, as she had steadily grown worse. The pain which she suffered had become markedly aggravated and prevented anything but snatches of sleep. Her appetite was much impaired, and some vomiting existed, the anasarca had become marked but what surprised me more than anything else was the rapid increase in size of the abdomen which in the ten days that had elapsed since my first seeing the patient had increased to a size nearly if not quite as large as observed at full term. Other symptoms present were those that I have already detailed, excepting that the presumed tumor seemed to have its walls much thinned by the rapid accumulation of fluid within, so that it appeared quite thin, particularly in places. I felt confirmed in my previous diagnosis. As the woman's condition was rapidly becoming precarious, it was decided to interfere in her behalf in the manner already pointed out. She was kept under observation for a period of five days, during which time she was being prepared for the operation by confinement to bed and such other preparation as is

history-of-obgyn.com

usual for intra-abdominal work. December 5 she was anæsthetized by Dr. Murphy with ether, and assisted by Drs. Stidworthy and McEwen and in the presence of Dr. McWilliams I proceeded to carry out such operative measures as my conception of the case so far seemed to indicate, namely, the removal of the supposed ovarian

Fig 1. Fibroid Uterus with its contents.
a. Dilated Cervix Uteri.

tumor and myoma. The abdominal cavity was opened in the usual manner and the presumed tumor exposed to view. Here I received my first surprise, for it was now apparent to me that what I had considered to be an ovarian cyst was the uterus distended to a size which should be nearly normal to it at full term. With my previous

history-of-obgyn.com

knowledge and evidence of the existence of pregnancy, I felt sure that I had made the grave mistake of cutting down upon the gravid uterus at nearly full term, when I had only expected to find pregnancy about three months advanced. Many of you may possibly form a faint conception of my chagrin and remorse at the thought of having committed such an error, and the grave responsibility which lay before me.

It now dawned upon me that the irregularities in the mass which I had felt, as well as the tumor in the pelvic cavity, which I had considered as possibly a broad ligament myoma, must be myomata of the uterus, and I proceeded to confirm this opinion. Introducing my hand into the abdominal cavity, I found this to be correct, for the uterus everywhere was studded with interstitial and subserous myomata, while a large pedunculated one was located in the right hypochondriac region under the liver to which it was slightly adherent, while the mass which I had felt in the pelvis proved to be a myoma developing from the cervical segment of the uterus and occluding the true pelvis. As this would preclude the delivery of the supposed fœtus per *via naturalis*, I decided to do a Porro-Cæsarean or Porro-Mueller operation, but before doing this the question presented itself, as to whether the child was living or dead; if the latter, I would be spared any effort in its behalf. Careful palpation of the utèrus failed to disclose the existence of any fœtal structures within it. Ballottment gave indefinite signs and not such as would indicate the existence of a child at a viable age, as I was led to anticipate. One thing I now felt sure of, was the fact that the uterus did not contain a viable child. I therefore again changed my diagnosis, now thinking that I was dealing with a three- or four-months pregnancy associated with hydrops amnii. Under this belief I proceeded to do a hysterectomy, it being done in the usual manner familiar to you all, the stump being treated extra-peritonæally.

After the operation and when the woman was removed to her room I looked at the large mass of uterus studded with tumors lying upon the table, and I was, of course, curious to know its contents, so Dr. Williams and I proceeded to investigate. Inserting my finger into the portion of the cervix yet remaining attached to the uterus, I proceeded to dilate the same, when a bag of water presented which was ruptured and the amniotic fluid permitted to escape. I was uneasy fearing to see a viable child present itself for I

history-of-obgyn.com

was beginning to doubt my senses, but this fear was soon dispelled as a three-months fœtus presented, and when this was removed another one presented itself and was extracted and as the water ceased flowing a second bag of water presented which was ruptured and still another fœtus was delivered. I was now beginning to won-

Fig. 2. Triplets from Fibroid Uterus.

der when there would be an end to coming fœtuses, but as there is an end to all things earthly, so there was to this, as this was the last one, but not until it was delivered and the uterine cavity completely emptied was my diagnosis completed and my mind put at an ease. Dr. McWilliams counted over twelve tumors varying from one inch to five and one-half inches in diameter, with the existence of numerous smaller ones.

history-of-obgyn.com

The tumor which occupied the true pelvis is now four inches in diameter, after being in alcohol for three months.

The woman made an excellent recovery, and is now enjoying perfect health. I have reported this case and detailed my errors with the hopes, *first*, that some member of the society may enlighten me as to how I might have avoided my errors in diagnosis, as I never desire to pass thirty-five minutes of such mental strain again; second, because it may be of some value in pointing out some of the complications one may meet with in obstetrical and surgical practice.

It may interest some of you who have not recently given the subject consideration, to know that medical literature, at least such as I have access to, is not as replete as one might wish, with facts bearing upon the treatment of uterine fibroids complicated with pregnancy. Thus Pozzi in his work on gynæcology, published in 1892, records ten cases of simple myomectomies done upon uteri which were gravid from three to six months; of these three died and seven recovered, and in four of the seven recoveries did the pregnancy proceed to full term. He reports seventeen hysterectomies for fibroids complicating pregnancy; of these, twelve recovered and five died. In four of the cases have the observers—namely, Alex. Patterson of Scotland, R. Barnes of England, Freund of Germany, Bantock of England—recorded that the tumor concealed pregnancy, from which one may infer that pregnancy was not suspected. Hoffmeier states that in his case he suspected pregnancy. Whether the other cases were diagnosed as pregnant uteri prior to the operation is not stated.

Stavley (*New York Journal of Gynæcology and Obstetrics,* June, 1894,) tabulates thirty-three cases of this character; seventeen of these cases were reported since 1889. Reports of a number of cases have found their way into medical literature during the current year, but my limited time prevents my further reference to them.

I think the case in a sense unique, illustrating as it does what is in all probability one of the rarest of complications of fibroids of the uterus, namely, triple pregnancy, and I much question if it has its counterpart, for it would be remarkable if, out of the limited number of cases which have thus far been operated upon for uterine fibroids complicated by pregnancy, triplets existed, as this condition is estimated to occur only about once in every 6000 births.

history-of-obgyn.com