A CASE OF SUB-MUCOUS FIBROID OF THE BODY OF THE UTERUS, COMPLICATING PREGNANCY AND LABOR.

BY

P. BUDIN,

Adjunct Professor at the Faculty of Medicine, Paris; Obstetrician to La Charité Hospital.

THE existence of a uterine fibroid in a pregnant woman subjects her to a number of complications, amongst which we may mention hemorrhages and abnormal presentations.

Ordinarily, hemorrhages during pregnancy often determine or accompany miscarriage; in the case of fibroid tumors, however, as we are told by Lefour in his admirable thesis, pregnancy is frequently not interfered with. This point, he believes, should be specially emphasized, since it is a very important diagnostic element. "However profuse the hemorrhage, the physician should never despair of the continuation of the pregnancy." And this is not all; the same author recalls the fact that "the hemorrhage, occurring in cases of pregnancy complicated by uterine fibroids, is ordinarily met with at the periods which correspond to the menstrual epoch, and therefore, where it be not over excessive, may suggest menstruation."

As to abnormal presentations, Guéniot, Tarnier, Toloczinow, Susserott, Nauss, and Lefour, all agree as to their frequency. Lefour, having collated all the cases in which the presentation was noted, found that the vertex presented in 50.58 per cent of cases; the breech in 32.35 per cent; the shoulder in 16.66 per cent. The following case confirms the above statistical data, and proves, in addition, how difficult it

may be to diagnosticate the fibroid and how it complicates delivery.

On July 9th, 1883, at nine o'clock in the morning, Alfreda P. was brought to "La Charité" on a stretcher. Of good general health, she had first menstruated at twelve years of age, and since had always been regular; she had never had menorrhagia, and her menstrual periods had always lasted about the same number of days. Latterly she had noticed nothing unusual as regards her menstruation. With the exception of a slight enlargement of the abdomen, on which she laid no stress (seeing that often before the same thing had occurred after her meals), and infrequent attacks of vomiting a few months previously, her general health had been good. The morning of the day before she had had a few abdominal pains; in the afternoon she was surprised at a sensation of wetness, and thought she was involuntarily micturating. All that evening she lost water; during the night the abdominal pains increased. Owing to her great suffering, and from an unusual feeling about her genitals, a physician was called, and he found a hand at the vulva. She was astonished to find herself pregnant and in labor. She did not deny sexual intercourse, but had never suspected her pregnancy. She was immediately sent to the hospital.

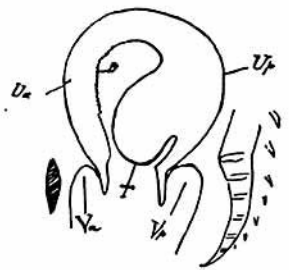
An examination determined the fact that the right arm was presenting, blue and swollen. The abdomen was not very large; the uterus was ovoid in shape, its long axis from above below, and from the right to the left; it was quite firmly contracted and constantly so. Nevertheless the fetal head could be felt to the right and superiorly.

On practising the touch, the finger entered with difficulty a vagina with narrow introitus and resisting walls. The external os was from 0.04 to 0.05 centimetres in diameter, and its relatively thin border was closely applied over the arm. The promontory of the shoulder was not accessible; the axillary depression pointed to the left, and the point of the finger could not quite reach the thoracic parietes and ribs. Auscultation revealed the fetal heart-sounds above and a little to the left of the umbilicus. The presentation then was the right shoulder, and the position right acromio-iliac. The body of the fetus, doubled on itself, was very high up, the head and the breech being about at the same level. The woman was put to bed and vaginal injections of corrosive sublimate (1:2,000) given every two hours. During the day the pains continued intense, and at five o'clock the following was the condition: The fore-arm, outside the genitals, was more swollen and cold, the uterus was the same in shape as in the morning, and strongly contracted. The fetal heart was still to be heard, though at times very slow; the external os was nearly dilated. On pushing the finger deeply, the lower segment of the uterus was found closely encircling the fetus, which was still very high up. Although the life of the fetus was seriously compromised, it seemed a duty to endeavor to save it, and it was resolved

to chloroform the woman in the hope of relaxing the uterus and performing version.

At 5.45 P.M., the pulse was 92, and the temperature 37.2°. When the anesthesia had been complete for some time, a sling having been applied to the procident arm, the right hand was introduced into the uterine cavity at a moment of relaxation. A knee was seized, but a tetanic contraction absolutely forbade any further action on the part of the operator. This contraction lasted seven minutes; the thorax was felt to lift as though the infant were endeavoring to breathe, the half-paralyzed hand was withdrawn. The chloroform was continued, and about ten minutes afterwards, during slight relaxation, the hand was again introduced, a knee was seized and a foot brought down to the vulva. As it was impossible to bring the foot outside the vulva, a sling was applied to it. From this time on there occurred such uterine contraction, such a tetanic state in fact, as to render it impossible to complete the version.

The woman was allowed to come out from under the influence of the anesthetic. The pulse was 104, the temperature 37.4°. A short time before regaining consciousness and for a little while after, she vomited, as the result of the chloroform. The fetal heart could no longer be heard. At 7½ P.M., the woman was placed in a bath and remained in it for one hour, during which time the pains were intense. On removal from the bath she was given 0.01 centigrams of the chlorhydrate of morphia subcutaneously. At 10.45 P.M. the temperature was 36.8 ; the uterine contractions were still tetanic ; vaginal examination gave her much pain, though the junction of the arm and shoulder could



be reached. Embryotomy was decided on. Decapitation was impossible, owing to the uterine contraction, the height of the head, and the impossibility of reaching the neck. It was determined, then, to separate the arm at its junction with the shoulder and attempt forced version by pulling on the foot which lay at the os. The woman was again anesthetized, and the arm was

soon separated by means of P. Dubois' scissors. Repeated traction was then made on the foot, to which a sling had been applied, but the breech would not descend. During an interval in the contraction, the shoulder at the superior strait was pushed up, traction again made on the foot, the breech was brought down and little by little the whole fetus extracted. It was a male and weighed 2,500 grams. The placenta soon followed, its border appearing at the vulva; slight uterine expression sufficed to deliver it.

On vaginal examination a puzzling condition of affairs was found. A careful examination revealed the following: The posterior vaginal cul-de-sac (Fig. Vp) not obliterated, the same of the anterior cul-de-sac (Va). There was a laceration of the cervix on the left, not quite down to the vagina. The finger within the uterus felt on its anterior wall (Ua)—of normal thickness—the inequalities marking the placental site (Pl). Posteriorly, existed a globular mass, the size of the fist (T). This mass was adherent to the posterior wall of the uterus (Up), not distinguishable from it, and rounding out down to the internal os. Between the lower part of the mass and the posterior wall of the uterus there existed a groove—a species of pouch.

An intrauterine injection of a litre of a solution of corrosive sublimate (1: 2,000) was given, and the woman put to bed. Temperature 37.8°. Every two hours vaginal injections were given. The patient slept calmly. At 6 A.M., no pain, temperature 36.8°, pulse 90.

Convalescence was normal, without either hemorrhage or fetid lochia. For three days vaginal injections of the sublimate solution were given every two hours, reduced to six, and finally to four in the twenty-four hours.

Four days after delivery, the finger could still be passed to the uterine cavity; the tumor projected to the internal os; the finger could scarcely be insinuated between it and the anterior uterine wall. Posteriorly, the groove could no longer be detected, but the tumor, closely applied to the posterior wall of organ and intimately connected with it was of such size, that its antero-posterior diameter was nearly equal to the vertical diameter of the uterus. By rectal touch the tumor could be felt as an abnormal projection backwards. On the twelfth day a vaginal examination was again made, and the os was shut against the examining finger. It was with difficulty Alfreda P. could be kept in bed, and she left the hospital in excellent health.

Remarks.—1. The existence of this submucous fibroid, diagnosticated by the intrauterine touch only after delivery, allows us to understand why it was the patient had no knowledge of her pregnancy. The persistence of menstruation, or rather the occurrence of hemorrhages during the course of her pregnancy, explains her lack of knowledge; for though, on

second thought, the sanguineous flow did not occur at as regular intervals as formerly, she laid no particular stress on it. She had had scarcely any sympathetic disturbances, except infrequent vomiting; she had noticed nothing out of the way with her breasts or other organs. She had suffered occasionally after meals from tympanites, but this had occurred before, and to it she laid the increase in size of her abdomen. Neither had she interpreted aright the first fetal movements.

2. The presence of a large submucous fibroid at the level of the inferior segment of the uterine body gives also a sufficient explanation why there had been difficulty in the normal accommodation, in fixation of the head, and presentation of the shoulder. It was the tumor which kept the shoulder as well as the fetal body so high up; it was it also, without doubt, which, added to the contraction of the uterus, prevented the evolution of the fetus after the foot had been sized. The administration of chloroform to the surgical degree was powerless over the tetanic contraction of the uterus. Since the body of the fetus remained ever high up, the neck was not accessible, whence decapitation was impossible and brauchotomy with the scissors, followed by forced version, had to be resorted to.