

A REPORT OF A CASE OF HÆMATOMA OF THE VULVA FOLLOWING NORMAL DELIVERY.

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Mrs. D. H., a native of Austria, age 19, para I., with nothing noteworthy in family or personal history, was seen in consultation in her home January 23, 1904.

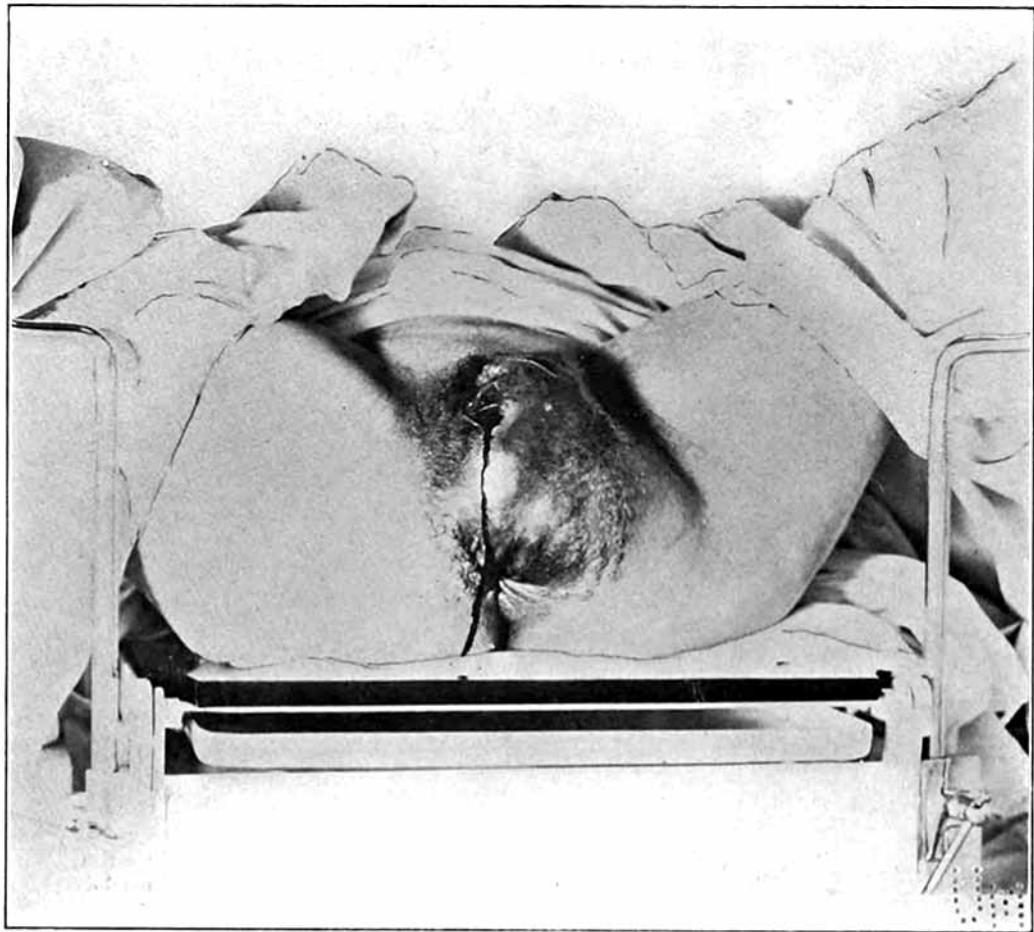
Evidences of acute anæmia were present and a tumor the size of a full-term foetal head, was found in the left labium and surrounding region. It was tense, blackish blue in color and the neighboring tissue was œdematous. This tumor was 19 cm. in its anterior posterior dimension and 9 cm. from side to side. It extended well up alongside of left vaginal wall and partially closed the vaginal opening.

The patient had been delivered by a midwife the previous afternoon of a full-term, well-developed, living child after a normal labor. There was a slight laceration of the perineum. About six hours after delivery a moderate but continuous hemorrhage and also a small swelling of the left labium was noticed. A physician was called who packed the vagina and stopped the hemorrhage. Several hours after this, in moving the patient to change the bedding, a sharp profuse hemorrhage was started. The physician was called again and re-packed the vagina with gauze which thereafter held all bleeding in check, but the loss of blood had been considerable. The swelling in the left labium progressed until it reached the size indicated above. The patient was then sent in the ambulance to the Lying-In Hospital. Upon admission her pulse was 80 and of only fair force and volume. The temperature was 100 degrees F. The blood at this time showed: red cells, 3,560,000; hæmoglobin, 63 per cent.; leucocytes, 26,000; polymorph. neutrophiles, 76.

Chloroform was given to the full surgical degree and the patient was placed in the lithotomy position. The external genitals and surrounding region were rendered aseptic and protected by sterile towels, etc. An incision 9 cm. in length, 2 cm. to the left of and parallel with the edge of the left labium was made and about one-and-a-half liters of black clots were evacuated. There was slight fresh bleeding. The cavity was irrigated with normal salt solution and tightly packed with iodoform gauze and the patient returned to bed in good condition. The packing was replaced after forty-eight hours with iodoform gauze more loosely applied. An opening about 1.5 cm. in diameter was found in the inner wall of the cavity leading into the left side of the vagina. Recovery was uninterrupted. There was no abnormal pulse or temperature.

January 28th the blood count showed a decided gain: red cells, 4,110,000; hæmoglobin, 80 per cent.; leucocytes, 15,000; polymorph. neutrophiles, 72 per cent. The cavity closed by granulations which were stimulated by balsam of Peru gauze and occasional application of silver nitrate solution. The patient left the hospital at her own request February 7, 1904. The cavity then was 2 cm. deep and 3 cm. long, and her general condition was good.

The accompanying photograph, made by flash-light (Plate XVIII), gives only a fair idea of the size and appearance of this hematoma. The black line shown between the labia represents flowing blood from the hemorrhage which followed the removal of the vaginal gauze packing.



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PLATE XVIII.
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