Uterine Adeno-Sarcoma With Pyometra.*

BY T. W. KAY, M. D., SCRANTON, PA.

The co-existence of adeno-sarcoma and pyometa in the same uterus is so rare that I am induced to bring the following case to your notice.

Pyometra, of itself, is not common, as may be seen from the small space devoted to it in books on gynecology. Out of some sixteen consulted, I find it mentioned in only two, viz. : Billroth and Fritsch.

It usually occurs in old people where atresia of the os exists and is due to a retention of the secretions. In this case it was due to closure of the internal os by the suppurating growth.

Adenomata of the cervix are quite common in the form of small polypi composed of retention cysts with hypertrophied walls. In this form they also exist in the uterine cavity, where a much rarer form is sometimes found. This has a broad base, and is not composed simply of hypertrophied glands, but contains new glandular formations. These growths are difiuse, rich in blood-vessels, and, according to Winckel (*Lehrbuch der Frauenkrankheiten*, p. 385), infiltrated with round sarcomatous cells. Cases of this kind have been reported by Duncan, Gusserow, Schröder, Thomas and others.

The growth in the following case probably began as this, and afterwards became sarcomatous. May tells us (*Diseases of Women*, p. 221), that uterine adenoma is frequently admixed with sarcoma, in the form of adeno-sarcoma. Billroth remarks that "pure adenomata (which are very rare), may be difficult to distinguish from sarcomata which have developed in glands (adeno-sarcomata)."—*Surgical Pathology*, p. 223. Thomas (*Diseases of Women*, p. 571), reports a case which seems to have been the same kind of growth as in the following. It was examined by Dr. W. H. Welch and pronounced to be a mixture of sarcoma and adenoma.

*Read before the Baltimore Medical Association December. 1889.

Case :—Lateefy, a multipara, 52 years of age, was sent to me by Dr. Yusuf Abu-Suleiman, of Zahley, to enter the Johanniter Hospital, of Beyrout, Syria. She complained of an offensive discharge at times, from the vagina, accompanied by colicky pains. The menstrual flow ceased ten years before, and since that time she had suffered, more or less, from leucorrhœa. The offensive discharge was of eight months' duration, and the pain had lasted nearly as long. Emaciation was great and cachexia was marked.

Bimanual examination showed the uterus much enlarged and extending well up into the abdominal cavity. The external os would admit the end of the finger with difficulty, and a soft, friable mass could be felt in the cervical canal. The uterine probe was introduced with difficulty in front of this and gave a depth of eight inches.

Assisted by Dr. J. Mutter, the woman was put in the left lateral position, a speculum introduced, and the anterior lip seized with vulsellum forceps and well drawn down.

The cervical canal was then rapidly dilated with steel urethral sounds until the index finger could be introduced. While this was being done, a constant flow of most offensive pus took place until some eighteen to twenty ounces of pus had been evacuated.

On introducing the index finger, the growth was found to cover much of the posterior wall and it was attached nearly down to the internal os. Its base was broad and its surface irregular, soft and sloughing.

A large part of this was removed by the blunt curette, the uterine cavity washed out with bichloride solution, and the woman put to bed. Antiseptic injections were used daily and iron and ergot given internally. All went well and in eight days I again dilated the uterine cavity, and with a sharp spoon removed all roughened elevations from the posterior walls. There was free hemorrhage, but this was controlled by the application of liq. ferri. subsulph.

Dr. W. T. VanDyck kindly examined the growth microscopically for me and pronounced it an adenosarcoma.

In three weeks the discharge had entirely ceased and the uterine cavity was reduced to three and one-half inches, so the woman was permitted to go home, with the prognosis of a probable return of the growth.—*Maryland Medical Journal.*