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A case of ventro-fixation
of the uterus x x x





A CASE OF VENTRO-FIXATION OF THE UTERUS
FOLLOWED BY PREGNANCY, ILLUSTRATING
THE VALUE OF CONSERVATIVE OVA-
RIAN SURGERY.*

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I venture to report the following case of ventro-fixation, as it beautifully illustrates the value of leaving ovarian tissue if possible :

Mary A., aged twenty-five years ; dressmaker ; primipara ; puberty at sixteen ; menses always were irregular, at times not occurring for several months ; scanty ; flow lasts four or five days ; suffers severely from dysmenorrhœa.

Four years ago she gave birth to a child at full term. The labor was comparatively easy. On the ninth day after her labor she got up, and going out, the day being damp, contracted a cold. She was then sick for six months with chills, fever, and great tenderness and pain in the abdomen. Five months after her labor she says an abscess pointed in her right side and was opened. The opening discharged for more than a year and then closed. A scar remains in the right iliac region near the inner margin of the right anterior inferior spine of the ilium.

She complains now of leucorrhœa and constant pain in the small of the back and sides, from which she has suffered since the birth of her child.

Examination : Perinæum good ; uterus large, retroflexed and drawn to the right side, firmly fixed in its false position ; left ovary large, tender, prolapsed and also fixed.

On the 24th of April, 1894, she entered the Polyclinic Hospital, and two days later the abdomen was opened by a median incision. The fundus of the uterus was freed from its adhesions posteriorly. The right broad ligament was represented by a thick indurated band of fibrous connective tissue in which no evidence of tube or ovary

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were to be found. Evidently the abscess which had pointed in her left side had been a tubo-ovarian abscess, which had burrowed between the layers of the broad ligament and through the walls of the abdomen pointing in the right iliac region. During the long suppuration, the sinus having discharged for more than a year, the tube and ovary had lost their identity in the organized cellular infiltrate about them.

This fibrous band was divided near the uterus between two ligatures. The left ovary, which was prolapsed and adherent, was then freed. The tube was apparently patulous. During the separation of the ovary from its adhesions a blood cyst was ruptured and there was considerable hæmorrhage from the ovarian stroma. To control this a portion of the ovary corresponding to the injured part was resected and its capsule stitched with fine silk suture. The uterus was then brought forward and the fixation made. The fundus was supported behind the pubic symphysis by the finger of the assistant. A fine silk stitch was then passed in the lower end of the incision through the posterior half of the abdominal wall, including a few fibers of the rectus muscle, the posterior lamella of the sheath of the rectus, sub-peritoneal fat and peritonæum on the one side, passing through the fundus of the uterus, from side to side, just posterior to a line drawn between the tubal attachments and through the posterior half of the abdominal wall on the other side. A similar stitch was passed half an inch higher up in the abdominal wall and half an inch farther back in the posterior surface of the uterus. These stitches on being tied retained the uterus in anteversion. The remainder of the abdominal incision was closed in the usual manner. The patient made a good recovery and was dismissed from the hospital three weeks after her operation.

December 22d the patient returned, stating that she believed herself to be pregnant. Vaginal examination showed the uterus somewhat enlarged, softened and anteflexed. The fixation to the abdominal wall was not rigid, and the uterus was allowed considerable latitude of movement. An examination of the breasts confirmed the uterine symptoms of pregnancy.

January 17, 1895, the signs of pregnancy were again corroborated.

The case is interesting from two points of view: First, as teaching the importance of conservatism in dealing with the ovary; and second as a case of ventro-fixation followed by pregnancy a few months after the operation.

