

ANEURISM OF THE INTERNAL ILIAC.*

PROBABLY IMMEDIATELY FOLLOWING A SEVERE INSTRUMENTAL DELIVERY:
OPERATION AND PARTIAL CURE.

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It seems that such a rare condition as an aneurism of the internal iliac should be reported. Matas, in *Keen's Surgery*, in reviewing the general subject of aneurism reports several thousands from the literature and does not give a single instance of internal iliac aneurism. Ericson in a large number reports a single case.

Aneurism is a disease of middle life. R. W. Parker quoted by Eve, in *Park's Surgery*, from a study of the literature only found 15 cases of any form of aneurism under twenty years of age. McGraw in *Transactions of the American Surgical Association*, of 1909, reports 64 cases in young people, compiled from the Surgeon-General's Office.

Case Report.—Mrs. J. J. F., first came under observation, October 4, 1911, with a pulsating tumor in the left pelvis about the size of a tennis ball.

Previous History.—Always well until twelve years of age, when she had what was supposed to be an attack of rheumatism, lasting six weeks, but as it left her with a permanently atrophied left leg, the trouble was probably infantile paralysis; she had a marked sensation of pulsation in her left hip at this time, which slowly disappeared. She commenced to menstruate at fourteen years of age, flowing normally about three days, with twenty-eight days intervals. When a little over seventeen years of age she was married. She promptly conceived and had a normal puerperium. In March of 1911, she was confined. Her labor was very difficult and lasted seventy-two hours, being terminated by a difficult forceps delivery. On the third or fourth day after her delivery she commenced to have severe pain in the left

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partially paralyzed limb, extending from the left hip down into the leg—worse in the calf and ankle; she also had marked distress in the rectum. Her temperature and pulse were normal. She was able to get out of bed on the ninth day. About six weeks after her confinement, she had severe pain and a sense of pressure in the lower left pelvis, which was increased by walking or being on her feet for any length of time. About this time she noticed a sense of pulsation in the region of her left hip. The pelvic distress and pulsation steadily increased in spite of local treatment up to the time of her operation.

Physical Examination.—A well-nourished young woman, aged eighteen years; five feet in height; weight 130 pounds; abdomen and chest normal; atrophied left leg, all muscles weak, but able to walk with a dragging limp. Her reflexes were otherwise normal; Wassermann negative; examination of urine and blood normal. Pelvic examination showed laceration of cervix; uterus normal in size, motility and position, except that it was pushed to the right side of the pelvis by a hard tumor in the posterior portion of the left pelvic cavity. There was a marked impulse in the tumor with each heart beat. With one finger in the rectum and one in the vagina, the pulsation was markedly expansile in character; compressing the abdominal aorta stopped the pulsation in the tumor.

At the end of a month's observation and about six months after her child was born, when it was seen that the aneurism was increasing in size I determined to operate, hoping that I could obliterate the sac, after the plan suggested by Matas. A transverse Pfannenstiel incision was made with the belief that through such an opening one could more easily reach deep into the pelvis. But this was disappointing for I could not at any time during the operation see even a small portion of sac wall. The common iliac was followed to its point of division and the posterior iliac was tied by the sense of touch, with heavy catgut. When the ligature was tightened the pulsation entirely disappeared in the tumor. This operation was done in November, one and a half years ago. She still has a hard indurated tumor almost as large as before her operation, with a very slight pulsation in it, almost as though it were transmitted. This tumor causes her some pain in her left hip, but as she thinks it is decreasing, I have not advised her to have any further operation.