

Section of Surgery

SUB-SECTION OF PROCTOLOGY

President—J. P. LOCKHART-MUMMERY, F.R.C.S.

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Prolapse of the Blind End of a Colostomy through the Perineum Five and a Half years after Perineal Excision.—Sir CHARLES GORDON-WATSON, K.B.E., F.R.C.S.

The patient was a male aged 70. The rectum was excised in June 1933.

Pathological report.—The specimen measured 9 in. in length. A flat, semi-ulcerated growth, $1\frac{1}{2}$ in. in diameter, extended half-way round the rectum, being situated on the posterior, right lateral and anterior quadrants. Its lower edge was $1\frac{1}{2}$ in. above the ano-rectal line and there was 3 in. free margin above. No papillomata were present. There was no gross evidence of extrarectal spread.

Microscopic structure.—The tumour is an adenocarcinoma which has spread by direct continuity into the extrarectal tissues. Histological Malignancy Grade No. 3. No metastases were found in the regional lymph nodes but secondary carcinomatous deposits were found in an enlarged gland situated 2 in. above the upper edge of the growth.

After-history.—The perineal sinus did not close and a year later mucosa was visible at the perineal margin. A portion of this was then excised.

Further prolapse occurred, but did not cause much inconvenience and was kept up by a pad.

Recently there was a sudden increase of the prolapse which could not be reduced.

As the patient was in constant pain I decided to remove the prolapsed portion. This was done on October 28 and the stump re-closed.

Solitary Diverticulum of the Cæcum.—G. GORDON-TAYLOR, O.B.E., M.S.

A specimen was shown from a male patient, aged 69, who was operated upon for a subacute abdominal condition in the right iliac fossa.

At the operation a definite lump was to be felt in connexion with the cæcum, and it was difficult at the time to decide its nature.

A right-sided resection of the colon was performed.

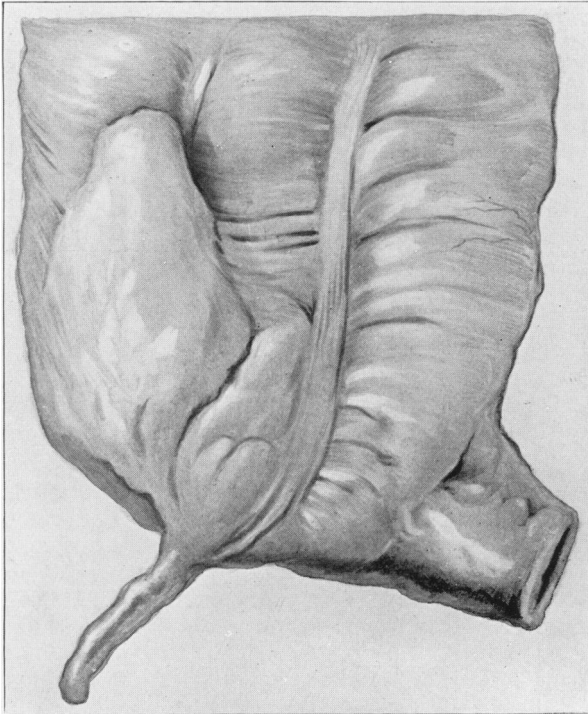


FIG. 1.—Cæcum from behind showing diverticulum on posterior wall.

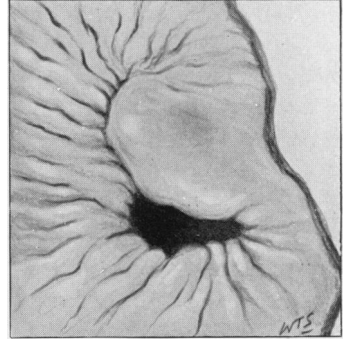


FIG. 2.—Orifice of diverticulum viewed from mucous surface of cæcum.

The illustrations show a solitary diverticulum of the cæcum, of considerable size. No other diverticulum was noted in any other part of the colon.

Microscopic examination showed only intestinal epithelium, and no evidence of gastric mucosa.

Lipoma of the Colon.—P. LOCKHART-MUMMERY, F.R.C.S.

R. G., a man aged 42. Complained he had not had a normal stool for four months. He got painful peristaltic pains in the abdomen with desire to go to stool coming on frequently; stools, often three to four times a day, but unsatisfactory and accompanied sometimes by a little blood.

Symptoms all pointed to a growth, or obstruction of some kind, in the pelvic colon. Both a barium meal and enema X-ray showed a definite filling defect in the upper part of the pelvic colon; the sigmoidoscope passed the full length and showed no abnormality.

Operation (May 1932).—Abdomen opened by left lateral oblique incision. A largish tumour was found in the pelvic colon causing very considerable obstruction, the bowel above was dilated. Four inches of the colon were resected and end-to-end anastomosis performed with plain stitching.

The patient made an uninterrupted recovery.

The tumour was a lipoma growing from the submucous tissue of the pelvic colon and almost completely filling the lumen.