

## Section of Obstetrics and Gynæcology

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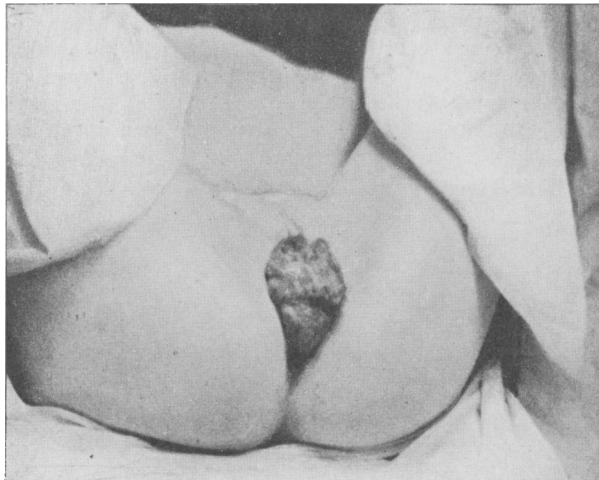
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### Two Cases of Carcinoma of the Cervix complicating Procidentia Uteri

By T. F. TODD, M.S.

THE rarity of carcinoma of the cervix associated with complete uterine prolapse is one of the most striking contrary findings to the commonly accepted theory that chronic irritation is an important ætiological factor in the genesis of cancer. Procidentia uteri is common, yet there are less than forty cases of procidentia with superimposed cancer reported in the literature. I have treated two such cases recently, and I thought them worth recording, in view of their rarity.

I.—The first occurred in a 6-para aged 41, spontaneously delivered of a full-term child in October 1934. During the last six weeks of her pregnancy she complained of intermittent vaginal hæmorrhage, but this was made light of at the clinic she attended. Following delivery hæmorrhage persisted more or less continuously until August 1935 when I first saw her. She then had a complete procidentia with a massive proliferating growth covering the whole of the cervix, and extending well along the vaginal wall on the left side. Biopsy showed the growth to be a non-keratinizing epithelioma.



Carcinoma of the cervix complicating procidentia uteri. Case I.

Attempts at reduction under anæsthesia failed, so vaginal pan-hysterectomy was performed. Convalescence was uneventful, and in three weeks' time a "sorbo" ball 4 cm. in diameter, and containing 27 mgm. of radium, was sewn into the vagina and left there for six days; this was followed by a course of deep X-ray therapy—approximately 3,000 R. units being delivered to the cervical region through five fields over three weeks. The patient tolerated treatment well and was discharged reacting normally. She failed to attend the follow-up clinic, and was not seen again

until nine months afterwards, when she was readmitted because of abdominal pain and backache. She was found to have a tumour mass in the abdomen to the left of the navel; presumably a metastasis in the lumbar glands. The vagina was stenosed, but rectal examination failed to reveal any sign of malignancy in the pelvis. The patient went down-hill and died eleven months after operation. Permission for autopsy was refused.

This case demonstrates one of the limitations of both vaginal hysterectomy and pelvic radiation, namely when glandular metastasis has already occurred. Perhaps the story would have been different had a speculum examination been made when the patient complained of bleeding ante-natally. Surely a visual examination is as important during pregnancy as at any other time!

II.—The second case occurred in a 2-para aged 62 who had had a complete prolapse for twelve years. A ring pessary had been used intermittently without success. For several months the prolapsed mucosa had been ulcerated and was causing a foul discharge. I saw her first in December 1934 when there was extensive superficial ulceration of the whole of the upper half of the posterior wall of the vagina extending to the margin of the external os. Biopsy showed a keratinizing squamous epithelioma.

The prolapse was easily reducible in this patient, so that surgery was not necessary. A "sorbo" ball 5 cm. in diameter and containing 34 mgm. of radium was stitched into the vagina and left in situ for eight days. No other treatment was given—the patient was too obese for treatment by deep X-rays. The local lesion cleared away in a month and there has been no recurrence since. The whole uterus still prolapses on the slightest effort, but is easily reducible, and I have seriously contemplated advising a Le Fort operation.

In spite of birth trauma and chronic irritation malignancy rarely supervenes on procidentia. I have no new theory to offer as regards the explanation of this phenomenon. Haegler (1933) considers it an argument against the generally accepted one of chronic irritation being the causative factor in the development of cancer. Tourneux (1934) finds none of the theories advanced satisfactory. Emmert and Taussig (1934) are of the opinion that if all decubitus ulcers were routinely biopsied several more cases would probably be discovered. A compact summary of the literature, and the report of another case treated by vaginal hysterectomy is given by Brady (1935).

#### REFERENCES

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## Procidentia Recti Present for Twenty-three Years and Cured by Operation

By T. F. TODD, M.S.

WHEN I first saw this patient I was reminded of "Mother India", and she might well have been described by Katherine Mayo. She was aged 43, and a 6-para, and she was referred to me on account of uterine prolapse. Her story was that immediately following the spontaneous birth of her first child, twenty-three years previously, the swelling in the perineum had appeared, and had persisted since. She had never had any bowel trouble, melæna, or menstrual abnormality. The swelling had never gone back, and in each of her subsequent confinements it had been mistaken by the