Case Reports

TWO CASES OF DESMOMA OR DESMOID TUMOUR*

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CASE 1

Mrs. T., aged 34 years, married, nulliparous, was seen on January 16, 1918, at the Bowmanville Hospital with Dr. B. J. Hazelwood, complaining of a swelling in the lower and centre part of the abdomen. This had been noticed for a few months and had increased in size fairly rapidly, and while there was some general discomfort in the abdomino-pelvic region there was very little pain. There was some increase in frequency of urination but no menstrual symptoms. Her general condition was good. Examination revealed a very firm, rounded, precipitous, immobile tumour immediately above the pubes. The arc presented was quite equal to that of an average fetal head. Pelvic examination showed the pelvis to be almost entirely filled with a hard immovable mass merging into that felt through the abdomen. The cervix of the uterus was directed downwards and forwards, and the body of the uterus seemed to be lying far back in the hollow of the sacrum. The whole pelvis was practically jammed with the tumour. Tensing the abdominal muscles did not alter the outward appearance of the mass. While its very large size, as felt bimanually, suggested a fibroid tumour of the uterus its anterior part seemed to have an intimate connection with the abdominal wall. Further examination was made under anæsthesia, when it was found that the much retroposed uterus could be moved slightly and independently and that the tumour, though largely filling the pelvis, was incorporated in the abdominal wall.

Operation was undertaken forthwith and proved to be exceedingly difficult. The tumour, which had evidently arisen from the fascia posterior to the recti muscles, had so invaded these muscles that large portions of them had to be sacrificed. The peritoneum which was carried inwards was inseparable from the tumour, and when the removal of the whole mass was complete adequate repair of the abdominal wall presented an almost impossible problem. However, by means of various manipulative procedures, by way of giving and taking, satisfactory closure was accomplished and the operation concluded. Had the Gallie living suture operation been as much in vogue at that time as it is at present the major difficulties might have been more readily met. Later progress was very satisfactory. The abdominal wall remained secure and a subsequent pregnancy progressed to full term without difficulty. There has been no recurrence.

The tumour in this case was quite as large as an elongated fetal head. It was very hard and not capsulated. It was, however, well delimited as muscular invasion extended over its entire front. It was difficult to cut and the cut surface had the appearance of "intertwining bands of connective tissue", as described by Ewing. Microscopic examination showed a great preponderance of fibrous tissue, with considerable muscle interspersed in its outer anterior portions. There was no marked cellular activity and no suggestion of fibro-sarcoma. While the site occupied is the most frequent for a desmoma, it was unusual on account of its great size and because it occurred in a woman who had not previously borne a child or had had an abdominal operation.

CASE 2

Miss O., aged 26 years, consulted me on April 16, 1925, having been referred by Dr. Fletcher Sharpe. She complained of a lump on the back of her right shoulder. This was first observed four months previously, and during the interval had grown steadily. There was no pain, but a more or less constant ache. She had previously suffered from frontal sinus infection and her general health was considerably under par. Below and outside the junction of the back of her neck and right shoulder there was an elongated ovoid tumour projecting about an inch at its middle and extending over an area about three inches long and two inches wide. It was firm, though very slightly elastic, and its arc was quite regular. The super-

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imposed skin was free and normal in appearance. The tumour appeared to extend deeply into the muscular tissue and its slight mobility showed that it was not attached to underlying bony structures. Its long axis corresponded to the direction of the fibres of the trapezius muscle, and it was thought to be imbedded in it. There was no glandular involvement in the neck. The diagnosis of a desmoid tumour was made, though the possibility of fibro-sarcoma had to be considered.

Operation was performed nine days later. A curved incision with the convexity backwards was made over the tumour and the skin was reflected forwards. The tumour was removed with a section of the trapezius muscle extending beyond its entire depth. The muscle was quite inseparable from the outer parts of the tumour. Dissection was quite clean, and there did not appear to be any irregular extension into the surrounding tissues. The gap was closed by suturing the fascia over the muscle with catgut, and skin closure was effected by dermal suture. Gross section of the tumour showed it to be quite fibrous and well delimited, though not capsulated. Microscopic examination was undertaken by Dr. W. L. Robinson, who reported that while the mass was mainly fibrous in character there was sufficient cellular activity to favour the diagnosis of fibro-sarcoma.

Because of the uncertainty thereby introduced into the prognosis it was determined to follow up with x-ray treatment, and such was carried out in a series by Dr. Harold Tovell. Later, the patient was examined at various intervals, and on June 29, 1927, more than two years after the operation, it was noted that the scar was in a good state and that the skin and tissue were as pliable as on the unaffected side. Examined again on January 7, 1933, nearly eight years after the operation there was still no sign of recurrence. On this date she came under observation because of a lump in the right breast which has since been locally removed. Dr. G. W. Lougheed, by biopsy, confirmed the diagnosis of peri-canalicular adeno-fibroma. Exhibition of the patient now affords an opportunity to see the good result nearly eight years after the surgical removal of a tumour in the trapezius muscle in which microscopic examination favoured the diagnosis of fibro-sarcoma as opposed to the clinical diagnosis of desmoma. The result would seem to favour the latter.

A desmoma is essentially a tumour arising from fascial or aponeurotic structures. It differs from a fibroma mainly in not being capsulated and by its tendency to invade surrounding muscle. It is unlike fibro-sarcoma in that it seems to invade along its entire front, is well delimited, and when completely removed shows little or no tendency to recur. Local recurrences have been recorded in cases in which removal has been incomplete. The disease may repeat itself without malignancy supervening, even though there may be a tendency to such change. The first desmoid tumour seen by the writer was removed at a surgical clinic in London, England, in 1902. Its origin was the fascia lata of the thigh. Though the designation has remained actively in his mind the two cases herein reported are the only ones coming to his personal attention since then. One of the more recent reviews, and one of the best, on the subject is to be found in the *Annals of Surgery*, 1930, and is contributed by Dr. James Masson, of the Mayo Clinic. It may not be out of place to add these two cases to the literature of a subject which, because of the comparative rareness of the disease, is by no means extensive. In the second case it is impossible to estimate what value, if any, might be assigned to the follow-up treatment by x-ray. Dr. Masson's review clearly indicates that in the few cases in which radiation was the chief means of treatment recurrence was the rule. Results distinctly favour radical surgery and subsequent raying.

A CASE OF PRIMARY CARCINOMA OF LIVER

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Primary carcinoma of liver is relatively rare in the white race, but not uncommon in the Chinese, in whom it is usually associated with cirrhosis of the liver. There are two main types, the hepatoma, or liver-cell carcinoma, and the bile-duct carcinoma, or cholangioma. The former is more common and the case