loop. This form of volvulus is recognized as a frequent complication of intestinal malrotation.

### Summary and Conclusions

The cases of four children are described in which that rare condition developmental mesenteric cyst was associated with malrotation of the intestines.

Mesenteric cysts often present clinically with intestinal obstruction resulting from volvulus. Whilst the volvulus is often confined to the intestines immediately adjacent to the cyst, it occasionally involves the mid-gut loop, and it is then associated with incomplete or aberrant rotation of the intestines. It is therefore prudent to examine the rotation of the gut when operating for mesenteric cysts. Conversely, the presence of mesenteric cysts should be excluded in patients with malrotated intestines, even when volvulus of the mid-gut loop is not apparent at laparotomy.

We thank Mr. Denis Brown, Professor Alan Moncrieff, Dr. Martin Bodian, and the late Mr. Charles Donald, of the Hospital for Sick Children, Great Ormond Street, London, for permission to report the cases, and Mr. H. H. Nixon and Mr. W. M. Dennison for their help and advice.

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# Medical Memoranda

## Two Cases of Pubopenile Testis

Ectopic testes may be found in various positions. Wakeley (1953), who reviewed the embryology of this condition, stated that among the least common positions are the perineal, the pubopenile, the femoral or crural, and the transverse.

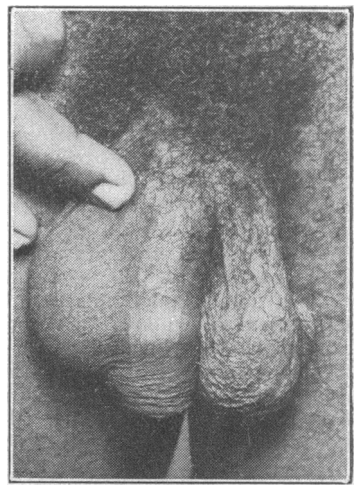
In the Nosological Index of St. Thomas's Hospital, dating back to 1937, there are only three cases of uncommon ectopic testes, one being perineal and two, reported below, being pubopenile.

This pubopenile type is rare, only seven cases being recorded in the literature. Popow (1888) and Poupart (1897) reported the first two from France, followed by Bernhard (1925) and Kausch (1925), who each reported a case from Germany. Moynihan (1924) and Forsyth (1924) reported the only ones in this country from Leeds, and Kaufman (1943) recorded the first and only one from the U.S.A.

In most cases the patient is brought to the doctor when young because the parents notice one or both testes to be absent. With the influx of British West Indians into this country, numerous congenital abnormalities are being first noted in adults, as their parents do not bother to seek advice so readily.

*Case 1.*—A sixteen-year-old London boy was referred by his doctor to the genito-urinary department complaining of having had pain in his right groin for three months. On examination he was found to have normal secondary sexual characteristics for his age, but had a left ectopic testicle lying at the root of his penis. He was later admitted to hospital, and at operation the testicle was dissected free from the pubis and successfully transferred into the scrotum.

*Case 2.*—A misplaced testis was found on routine examination of a 25-year-old Jamaican, who reported for treatment of acute gonorrhoea in the department of venereal diseases. His right testicle, which was fully developed, was found to be lying subcutaneously on the dorsal surface of his penis (see photograph). It could be easily pushed back up to the root of the penis, but not round to the sides. He stated that it caused him no inconvenience in its present position, as it retracted easily to the root of his penis, where it had lain in his younger days. He was referred to the genito-urinary department for opinion and advice, and, although advised to have an orchiopexy, he failed to report for operation.



Photograph of the misplaced testis of Case 2.

I thank Mr. T. W. Mimpriss and Dr. C. S. Nicol for permission to report these cases, and for their encouragement and advice. I am also indebted to the photographic department of St. Thomas's Hospital for the photograph.

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## Riedel's Thyroiditis

In 1896 and 1897 Riedel described three cases of a peculiarly hard infiltrating lesion of the thyroid which was thought to be malignant both clinically and at operation, but histological examination and subsequent clinical course showed the disease to be a chronic inflammatory process. The condition is rare enough to warrant placing on record a case which conforms to the original description given by Riedel.

### Case Report

The patient was a woman aged 52. In 1951 she complained of a lump in the left side of her neck. There were no other subjective symptoms. Examination revealed a

stony-hard mass apparently occupying the left lobe of the thyroid and firmly adherent to surrounding structures, but not to the skin. The B.M.R. was +7%; Hb, 82%; cholesterol, 186 mg. per 100 ml. A provisional diagnosis of carcinoma was made.

*Operation* (Miss G. M. Barry).—The mass was found to involve the whole left lobe of the thyroid, and no normal tissue was evident. It was bound to all the surrounding structures, including the muscles and jugular vein. The right lobe of the thyroid appeared normal. Owing to the dense adhesions resection was abandoned, but a biopsy specimen was obtained.

*Biopsy* (Fig. 1).—The report stated: "The specimen consists largely of dense granulation and fibrous tissue with considerable hyalin collagen. Some surviving thyroid follicles can be seen to the upper end of the section, with fibrous tissue penetrating between them. The capsule of the thyroid has been broken through by this inflammatory tissue and in places infiltrates voluntary muscle. Some small blood vessels show obliterative endarteritis."

The patient made an excellent post-operative recovery and declined further treatment.

She was next seen in 1956, when she complained principally of tiredness and lethargy. The lump in her neck was still present and, though she thought it had not changed, the isthmus was now involved. She was clinically anaemic.

*Investigations.*—Hb, 7.5 g. (51%); R.B.C., 2,950,000; P.C.V., 25%, M.C.V., 92.5 cubic microns; M.C.H.C., 31%, W.B.C., 7,000 (neutrophils 71%, lymphocytes, 16%, monocytes, 10%, eosinophils, 3%). Marrow obtained with

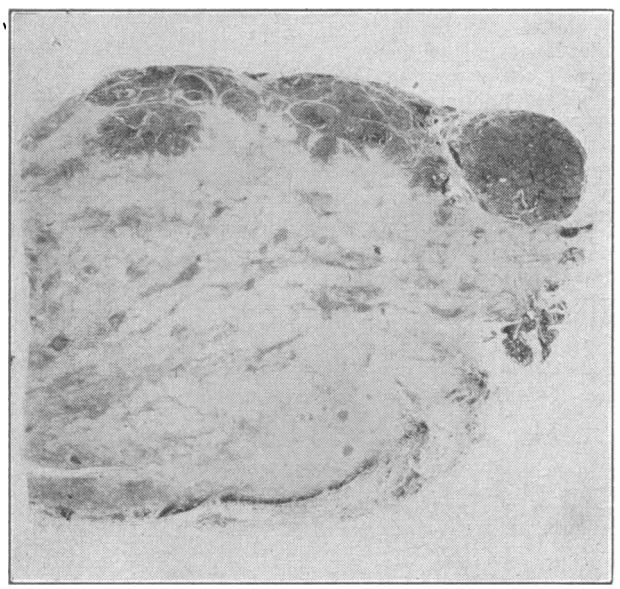

FIG. 1.—Biopsy specimen (×4.4.)

difficulty. General hypoplasia with specialized depression of erythropoietic activity. No abnormal cells. Normal hydrochloric acid in gastric contents. E.S.R. 30 mm. in one hour (Westergren). Precipitation test (Dr. D. Doniach) was negative, but further tests with complement fixation and tanned red cells showed the presence of a weakly positive antibody. Thymol turbidity, 14 units; colloidal gold, 2; zinc sulphate, 14. $^{131}I$ test showed normal thyroid function. Cholesterol 190 mg. per 100 ml. A neck scan (Fig. 2) showed that activity was confined to the right lobe.

The patient was put on 30 mg. cortisone daily; her haemoglobin rose to 80%, and was accompanied by a return to her normal strength and energy. No change has yet been apparent in the thyroid gland.

## COMMENT

Cases of true Riedel thyroiditis are very rare, but probably do represent a specific entity, the cause of which is not yet determined (Graham, 1931). Woolner *et al.* (1957) report an incidence of 0.05% in 42,000 thyroid operations, and Harland and Frantz (1956) report only eight in 34 years of thyroid surgery.

The majority of patients complain only of a lump in the neck. Clinically this is of a peculiar hardness, justifying the term used by Riedel of "Eisenharte strumitis." The diagnosis of carcinoma cannot be excluded even at

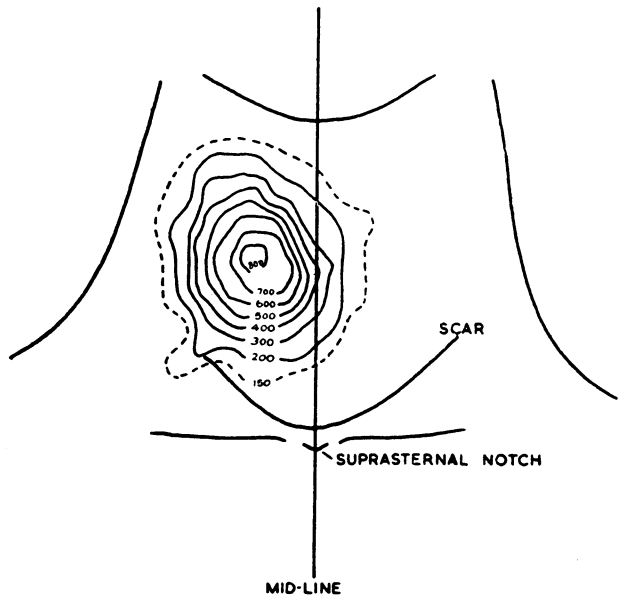


FIG. 2.—"Contour" map of radioactivity in neck. Ekco scintillation counter. Counts per 5 seconds. Background, 70 counts per 5 seconds.

operation, and the lesion is probably basically ineradicable. The diagnosis can be made only on histological grounds, and this demands evidence of replacement of thyroid tissue by dense solid fibrous tissue, extending beyond the confines of the thyroid gland and invading the surrounding tissues. The subsequent clinical course confirms the simple nature of the lesion, and also shows that there is nothing to be gained by attempting to remove the lesion completely by surgical means (Woolner *et al.*, 1957).

All patients in whom the disease is unilateral remain euthyroid, as does our patient after an interval of five years. However, she gives evidence that there is still some systemic disorder. She still shows protein abnormalities, with raised E.S.R., altered turbidity tests, and the presence of a weakly positive antibody. The anaemia is as yet unexplained, and may also be evidence of a long-continued systemic disorder. Its response to cortisone is probably not specific.

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