A Case of Lithopaedion in a Central African Woman

Although the occurrence of a lithopaedion usually arouses great interest and few have escaped publication, the actual number reported is small. After a few reports in the early medical literature nothing was published on this subject until Küchenmeister compiled a classification about 1880 and Strauss reported on the 46 then known cases a few years later. Since then few cases have remained unpublished. According to the literature available to me, which is probably not complete, 196 cases were recorded by 1937.

The present case justifies publication, as it concerns a Nyasa woman, and I have not been able to find a single report dealing with an African woman. Most of the reported cases were diagnosed and operated on, and recovery was uneventful. I have traced only two cases similar to the present one, in which the lithopaedion was discovered accidentally during post-mortem examination.

NECROPSY REPORT

The body was that of an adult African woman between 40 and 50 years of age, undernourished, and without signs of violence or injury. On external examination an old subluxation was detected on her left shoulder. The right side of the abdomen showed a bulge which was palpable as a large, freely movable tumour, hard as a stone. On opening the abdomen a large white tumour could be seen lying unattached in the abdominal cavity, covered by slightly adherent omentum, which was easily detached. The tumour, quite free, could be lifted out of the abdomen. No pathological changes were found in any of the abdominal organs, particular attention being given to the reproductive organs. The uterus was small, and had almost the appearance of a virginal uterus. The Fallopian tubes were in their normal position and showed no change, and the fimbriae were close to the normal ovaries; in fact, the opened abdomen looked like the picture in an anatomical atlas.

On examination of individual organs no scars which might have been the result of a rupture could be discovered on the tubes, and there were no signs of any inflammation and adhesions to other organs. In the chest slight adhesions were found on both lungs, especially on the right side (this condition is very common amongst Africans, to judge by the frequency with which I have encountered it). The heart was small and the myocardium thin and flabby; in particular, the muscle of the left ventricle was as thin as paper. There were no signs of valvular disease, and death was ascribed to heart failure.

Subsequent inquiry showed that the woman had suffered from epilepsy, and had been married for many years, but was childless and her husband gone. She was well known at the near-by mission hospital, where she was undergoing

FIG. 1.—The lithopaedion.

regular treatment for the old subluxation of the shoulder, the result of an epileptic fit, but had never mentioned any abdominal or gynaecological symptoms.

The tumour was of a whitish-grey colour, in parts slightly transparent; its base was flat, but the opposite side was dome-shaped. On the one end a calcified hand was clearly visible with the fingers distinctly showing, and on another part a foot could be seen, though not quite as clearly (see Fig. 1). The surface was uneven, and showed occasional calcified lumps. A subsequent radiograph (Fig. 2) showed a well-advanced foetus. No facilities for detailed examination being available in Nyasaland, the specimen was sent to London.

I am indebted to Professor Wilfrid D. Newcomb, of the University of London, for the following report: "It is an interesting specimen, as these are not very common nowadays. It is strictly a lithokelyphopaedion, as both the amniotic sac and the foetus are calcified. Its measurements are 17.7 cm. in its greatest length, 11 cm. laterally, and 8.5 cm. antero-posteriorly. The left arm is extended, with the hand above the vertex, and the right hand is near the right ear. On naked-eye examination of the cut section, except for the brain, nearly every other part is more or less calcified. Microscopical examination was practically valueless, as no tissue retained any of its normal staining reactions. The calcification is much more marked near the surface and only patchy in the deeper tissues. From the crown-rump measurements (17.7 cm.) the age would be approximately 22 weeks, while the antero-posterior measurement of the skull, 9 cm., gives an age of about 29 weeks. In all probability both these measurements are too small owing to shrinkage of the mass prior to its calcification, and I should suggest the true age is more likely to be about 32 weeks.

"It is impossible to make any guess regarding the length of time since the foetus died. It is clearly a matter of years, but it is quite impossible to say how many. It is very interesting that there were no scars in the Fallopian tubes, as nearly always a lithopaedion is the result of an ectopic pregnancy which has ruptured the tube but still lives attached to some other part. It is also interesting that we were unable to find any tissue resembling the placenta."

SUMMARY

A lithopaedion accidentally discovered in an African woman at necropsy is described. It was most likely the result of a tubal pregnancy.

I wish to thank the Director of Medical Services, Nyasaland, for granting permission to publish this paper.

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FIG. 2.—Radiograph showing a well-advanced foetus.

Over £150,000 worth of silver can be recovered from used x-ray film each year and returned to film manufacturers, says the Ministry of Health. When x-ray films are processed 80% of their silver content is left in the hypo fixing bath. It can be recovered from these baths either by electrolysis or by chemical methods which result in the silver being precipitated.