Medical Memorandum

Spontaneous Disappearance of Apparently Secondary Growths in Liver

The following case contains several points of interest, particularly the finding of three apparently secondary nodules of some size in the liver during the removal of a huge adenocarcinoma of the left ovary, and the fact that they had disappeared when sought at operation two and a half years later.

CASE REPORT

A farmer's wife aged 58 complained on September 8, 1938, of increasing size of the abdomen for six months, with some generalized pain, a dry cough, and, latterly, much dyspnoea. There had been occasional vomiting; the appetite was poor, the bowels regular. She did not think she had lost weight. For the past month she had had palpitations and swelling of the feet. There had been three normal pregnancies, and her periods had been regular until 52. Since then she had had small losses of blood at long intervals.

She was a pale, thin woman, markedly dyspnoeic; tongue clean, pulse 100/110, apex beat displaced to left, heart sounds clear, B.P. 140/90. Right chest stony dull to level of scapular spine; no adventitious sounds. Left side clear. Enormous tender regular swelling, filling abdomen, some free fluid. Small normal cervix; uterine body not felt apart from abdominal swelling. Diagnosis: a malignant cyst of ovary, unlikely to be operable.

Admitted to Royal Sussex County Hospital on September 21. Next day 31 oz. (880 ml.) of clear fluid aspirated. A radiograph showed no sign of secondary growth of lung or pleura. During the next 18 days four further aspirations averaged 38 oz. (1.08 litres). After each a radiograph was negative to growth or tuberculosis. The pleural fluid was sterile on culture. Film: polymorphs 68%, lymphocytes 30%. R.B.C., 4,100,000; Hb, 65%; C.I., 0.8; W.B.C., 11,000 (P. 77%, L. 14%, E. 2%, M. 7%). Wassermann test not done.

In view of the persistently negative x-ray reports for secondaries in the chest it was decided to give her an outside chance and to operate.

Operation, October 11, 1938.—Under bromethol, cyclopropane and oxygen a long paramedian incision exposed a huge left ovarian cyst, softened and necrotic in many places. A thinned-out ribbon of transverse colon was stretched across it. This and many adhesions of small intestine and omentum were separated by gauze dissection and the cyst removed: several leaks of dirty fluid and necrotic material occurred from the cyst. An apparently healthy right ovary was also removed. Three firm raised nodules, roughly 1-1½ in. (2.5-3.75 cm.) in diameter, present on the anterior surface of the right lobe of the liver, were regarded as certainly secondary growths from the malignant ovary, and for this reason, as well as the patient's poor condition, panhysterectomy of a small smooth uterus was not done.

Pathological Report.—Left ovary, a malignant papillary adenocarcinoma; right ovary, post-menopausal changes. No sign of malignancy.

The patient made a good recovery and was discharged on November 2, with a poor prognosis. During the ensuing months no further fluid collected in the right pleura and signs of pleural thickening gradually disappeared. A year later the liver was not enlarged and there was no evidence of secondaries or fluid in the abdomen. The patient felt well and had put on weight. This unexpected result was maintained throughout the second year after operation.

On March 21, 1941, however, she returned. For six months she had had small losses of blood per vaginam, with a watery discharge in the evenings, and felt tired. The abdomen and

liver showed nothing abnormal: P.V., a small, firm mass, which bled on touch, protruded from the cervix and there was some thickening of the lower uterine segment. Biopsy showed the protruding mass to be adenocarcinomatous.

Second Operation.—After a few days' douching and a transfusion of 1 pint (568 ml.) of blood, operation was performed on March 25. The abdomen was opened through the old scar and the liver first examined. The only sign of the three previous nodules was a small puckered scar; the rest of the liver surface was smooth. The caecum and some coils of ileum were adherent to the uterus, and after separating these panhysterectomy was done. The lower uterine segment was much thickened and the parametrium very vascular. On detaching the former the uterine body tore away, leaving the lower uterine segment and cervix almost completely replaced by soft growth, which was already infiltrating the parametrium. There was little hope of their complete removal. It was decided to drain the canal into the vagina and to apply radium later. The abdomen was closed and 2 pints (1.4 litres) of blood given by drip. She made a satisfactory recovery and the vaginal tube was removed on the fourth day.

Two and a half weeks later radium was given—20 mg. in the cervix and a 25-mg. tube in each vaginal vault for 15 hours (1,050 mg.-hours). Another application followed three weeks later—10 mg. cervical and two 25 mg. vaginal for 15 hours (900 mg.-hours). Total for the two applications, 1,950 mg.-hours. On March 10 the patient was discharged.

In September there was a suspicion of thickening along the right utero-sacral ligament, but three months later this had disappeared and the tiny cervix was mobile. At this date the patient complained of pain in the spine at mid-dorsal level. Movements were good and a radiograph showed no sign of secondary growth. In January, 1942, this pain had gone, but another had taken its place in the lower lumbar spine. Radiographs revealed no secondary growth, but some osteoarthritides.

In December, 1948, the patient was able to do her housework, and only the headaches and back pain bothered her. She then weighed 2 st. (12.7 kg.) more than just after her first operation.

COMMENT

The special point of interest is the proved disappearance, two and a half years after the removal of a malignant ovarian cyst, of three apparent secondaries in the liver. In the absence of a biopsy, however, no certain claim can be made that they were malignant. A second point is that no further growth in the peritoneal cavity ensued. Thirdly, the disappearance of all growth from the remains of the lower uterine segment and parametrium after a moderate dose of radium was hardly expected.

The three incidents together suggest not only a low grade of malignancy but an unusual degree of bodily resistance to cancer. A risk was admittedly taken in using radium with so slender a barrier between the remains of growth and the peritoneal contents.

The presence of a large pleural effusion accompanying malignant cysts does not necessarily imply metastases, as malignant growths of the ovary seldom metastasize outside the peritoneal cavity. The connexion between the occasional post-menopausal losses over six years and the malignant ovary is speculative. A certain number of such tumours do seem to provide an oestrogenic hormone which re-energizes the endometrium after the menopause. The adenocarcinoma of the uterus was almost certainly a spread from the ovary, and emphasizes the importance, whenever feasible, of doing a panhysterectomy as well as a double ovario-salpingectomy in such cases.

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