Medical Memoranda

Four Cases of Hemicolectomy

Below are presented accounts of four cases of hemicolectomy performed for different and rare conditions.

CASE REPORTS

Case 1.—Man aged 56. On admission the patient gave a history of increasing constipation for the past six months, together with colicky abdominal pain about seven hours after meals, loss of weight (one stone), and recent onset of vomiting after meals. On examination a palpable mass was felt occupying the right iliac fossa and right hypochondrium, which was not tender, but which was fixed to the posterior abdomen. **Operation.**—Heavy spinal anaesthesia. A plasma drip was started and a transverse muscle-cutting incision made. On exploring the abdomen an ileo-colic intussusception was found, extending as far as the middle of the transverse colon. It was possible to reduce the intussusception only up to the hepatic flexure, so it was decided to undertake a hemicolectomy, removing the terminal ileum, caecum, ascending colon, and hepatic flexure, and performing an ileotransversostomy. The patient made an uninterrupted recovery. The cause of the intussusception was a lymphosarcoma of the terminal ileum.

Case 2.—A woman aged 70. This patient was admitted as an emergency case (? acute appendicitis). She had complained of colicky abdominal pain in the umbilical region for the past eight hours and also of pain in the right iliac fossa. A history of a similar attack two months before was given. The temperature was 99° and the pulse 74. On examination a mass about the size of a hen's egg was palpable through the abdominal wall. **Operation.**—Heavy spinal anaesthesia. A plasma drip was started and a transverse muscle-splitting incision made. On exploring the abdomen an appendix 4 in. long, thickened and hard, was found. This thickening and hardness extended to about a third of the caecum. A diagnosis of carcinoma of the appendix was made, and a hemicolectomy was performed. The terminal ileum, caecum, ascending colon, and hepatic flexure were removed and an ileotransversostomy was done. The patient made an uninterrupted recovery except for an intramural abscess which developed at the outer part of the incision. On microscopical section an adenocarcinoma involving the appendix and extending into the caecum was found.

Case 3.—This patient, a woman aged 60, was admitted as an emergency case with a two-days history of central abdominal pain, colicky in type, and vomiting which began about two hours after onset of pain. This vomiting was not marked until just before admission to hospital. The bowels had moved on the day of the onset of abdominal pain, but had only a slight motion the next day; thereafter neither faeces nor flatus was passed. On examination the lower abdomen was distended, chiefly in the right iliac fossa; there was also tenderness over the lower abdomen. On auscultation peristalsis was increased; the general condition was good. **Operation.**—Heavy spinal anaesthesia. Plasma drip started. A right paramedian subumbilical incision was made, the caecum immediately presenting itself, greatly distended, black, and friable. The lower half of the ascending colon was also involved; the caecum and ascending colon had twisted anti-clockwise on the mesentery. The volvulus was apparently caused by a very long mesentery to the right colon. As the general condition was good, it was decided to carry out a hemicolectomy; the ileum, caecum, ascending colon, and hepatic flexure were removed and an ileotransversostomy was performed. The patient made an uninterrupted recovery.

Case 4.—A man aged 62. This patient was admitted as an emergency case with a two-days history of lower abdominal pain, colicky in nature, and vomiting soon after. On the day of admission vomiting (dark brown in type) had been continuous. He had been constipated since the onset of abdominal pain and had passed neither flatus nor faeces on the day of admission. On examination the lower abdomen was distended (most markedly in the right iliac area) and was tympanic on percussion; there was also lower abdominal tenderness. On auscultation peristalsis was increased. Blood pressure was 110/82. **Operation.**—Cyclopropane anaesthesia. A plasma drip was started immediately. A right paramedian incision was made; there was volvulus of the caecum and the proximal half of the ascending colon, non-viable, friable, and blue-black in colour. A hemicolectomy was performed, removing the terminal ileum, caecum, ascending colon, and hepatic flexure, and ileotransversostomy was carried out. The patient developed pneumonia and died three days after operation.

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Allergy to Egg-prepared Vaccines

A case is here reported of an alarming reaction to the egg allergen in typhus vaccine. One previous case has been found in the literature, and more examples of similar reactions to preparations from egg media may be expected. Oral desensitization for six months enabled this patient to take 60,000 times the dose of allergen originally causing symptoms and to eat eggs with impunity. But skin tests were unchanged, and

it would have been dangerous to attempt further inoculations. A simple precaution before giving injections of such vaccines would be to ask the question, "Do you eat eggs?"

CASE RECORD

In Nov., 1943, an airman was admitted to No. 1 N.Z. General Hospital, Middle East Forces, in a state of severe collapse, having vomited blood and become acutely breathless and then comatose. He had an urticarial eruption and his respiration was asthmatic. By next morning he had completely recovered. He had been allergic to eggs all his life—35 years—and was usually able to avoid egg foods by their taste. But if he happened to swallow the food he would vomit, or, if there was no vomiting, he would get oedema of the lips, tongue, and larynx, asthma, urticaria, and general shock. He had never before vomited blood or passed into coma, and as he was at a meal when the symptoms came on he concluded that the rissoles contained egg. Further inquiry, however, showed that he had had his first antityphus inoculation 15 minutes before this meal. It was then clear that his reaction was due to the introduction of a large amount of egg protein parenterally. An extract of egg was made, and strongly positive scratch tests were obtained both in the patient and in a subject passively sensitized by his serum.

Oral desensitization was then started, daily doses being given of a quarter of a teaspoonful of a 1:2,500 dilution of egg in water. At first this caused a mild reaction in the form of nausea and tingling of the lips, which lasted about half an hour. This reaction passed off in a few days, and the dose was increased by 50%. With a steady increase in this manner he continued the treatment until in July, 1944, he reached the dose of one raw egg daily, which has been continued since. On two occasions the sensitivity has shown signs of returning—once with a nasal cold and once when he stopped treatment for a few days.

In Sept., 1944, further scratch tests were made with egg extract and with undiluted typhus vaccine. Both gave strong reactions (3 plus), of no less intensity than before desensitization.

DISCUSSION

The preparation of vaccines from viruses and rickettsiae on egg media is a recent method of which more and more examples will be seen in the future. And since a small section of the population are highly allergic to egg protein, this will lead to some severe or even fatal reactions.

For the following list of vaccines prepared on egg media and manufactured on a commercial scale I am indebted to Major E. C. Van Rooyen, R.A.M.C.

Typhus	..	..	..	..	Prepared from yolk sac
Yellow fever	..	..	..	..	" " egg embryo
Influenza	..	..	..	..	" " "
Smallpox egg-lymph	..	..	..	..	" " allantois

An alarming reaction from the egg allergen in yellow-fever vaccine has already been reported by Swartz (1943), his patient developing asthma, gastro-intestinal allergy, and angioneurotic oedema a few minutes after the injection. My own patient gave a history of receiving yellow-fever inoculations without any ill effects, and apparently his sensitivity was to a yolk allergen not present in egg embryo.

The response to desensitization is in keeping with atopic sensitivities in general. At the outset the airman was sensitive to even the minute quantities of egg protein which could get into his circulation without being digested. Prolonged desensitization enabled him to take these minute amounts with impunity, but not the relatively large doses introduced by injection or scratch test.

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REFERENCE

Swartz, H. (1943). *J. Lab. clin. Med.*, 28, 1663 (quoted in editorial, *J. Allergy* 1944, 15, 241).

The 25th report of the National Council for the Unmarried Mother and her Child (117, Piccadilly, W.1) has a foreword by the president, Lord Gorell, and is signed by the chairman, Mrs. H. A. L. Fisher, to whose devoted labours he pays tribute. The report covers a period of fifteen months and is a record of strenuous, unremitting, and valuable work. Before long the Council hopes to become incorporated and enter upon a new stage of its existence. Meanwhile it has become affiliated to the National Council of Social Service while renewing affiliation to the National Council of Women and remaining a constituent body of the National Council for Maternity and Child Welfare. The Case Committee has dealt with an unprecedented number of cases, and the Ministry of Health's scheme for the care of women discharged from the Services on account of pregnancy has involved the Council in a very great deal of work. While the Council is not itself responsible for any home, nearly all the homes and hostels of the voluntary and statutory organizations are affiliated to it.