CAVERNOUS NÆVUS OF THE RECTUM

PROVING FATAL IN AN ADULT

FROM HÆMORRHAGE.

BY

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THE following case, as a pathological and clinical rarity, appears to deserve some special notice.

R. K—, æt. 45, was sent to me as an out-patient at University College Hospital on March 13th, 1882, by the kindness of Dr. Sayer, of George Street. The patient was at this time a fine-looking, very tall, and muscular man, most cheerful, and in fact a type of rude health. He complained that eight months ago he suffered from diarrhœa for four or five days with considerable loss of blood at each stool. This was stopped by a single dose of medicine, since which he has been much troubled by constipation, rarely having a motion without medicine, and being sometimes a week without relief. At intervals "something like a bladder seems to burst" in his rectum, and blood with mucus escapes. A motion on the 13th

was described as "tape-like" about half an inch broad. He has suffered no pain at any time but has frequent desire to go to stool (sometimes every half hour) with much straining. He denies ever having had any form of venereal disease. Since boyhood he has been often obliged to strain with his motions when constipated, and at such times has passed blood. Sometimes he did not notice this for three or four years, and as a rule his bowels have been regular. On examining the rectum with a long vaginal speculum and strong reflected light, I could not discover any particular narrowing of the gut. The whole wall of the bowel was then carefully examined from the anus upwards, as far as the speculum admitted, when I found three shallow ulcers on the mucous membrane (Pl. VIII, D) described below in the post-mortem notes. They were seated on some smooth longitudinal folds in the wall of the gut, of a yellowish colour and suggesting a quantity of fat in the submucous tissue. The ulcers though shallow exuded continuously a considerable amount of blood. Their base, however, presented a peculiar mottling of a purplish colour, as also did the surface of the irregular folds alluded to, the whole picture giving rise to the suspicion that we had to deal with a nævoid mass in the wall of the bowel. The statement of the patient, too, that similar bleedings had occurred on and off since boyhood seemed to lend support to this view. There was none of that anxious look about the man which one observes in those in whom cancer of the rectum has advanced to the bleeding stage. Reviewing the whole question for the students present, I expressed the opinion that the patient was probably suffering from a nævoid lipoma of the rectum, some of the most superficial parts of which had become abraded and ulcerated. He was, therefore, ordered to keep quiet and to use an injection of equal parts of Tr. Fer. Perchlor. and water, morning and evening. This treatment produced no improvement; he still went to stool twelve to fourteen times daily with much bleeding, and at the end of the week as the man

was becoming feeble and anæmic, I admitted him into hospital on April 19th with a view to more radical examination and treatment. He then came under the care of Mr. Marshall, who has kindly permitted me to record the subsequent notes of the case. His abdominal and thoracic organs were now very carefully examined, but nothing abnormal was found. He stated, however, that a few days before admission he had passed a formed motion "as thick as three fingers and six inches long," confirming the view that there was no stricture. On April 20th Mr. Marshall examined the patient under ether and with the aid of a vaginal speculum and No. 7 rectal bougie. He expressed the opinion that the disease was probably ulceration of the sigmoid flexure of the colon. He ordered enemata of extract of logwood night and morning with sulphate of copper and opium internally, due attention being paid to the bowels.

Every day after this the patient passed considerable quantities of blood, but his stools were much less frequent than when up and about his work. He became rapidly weaker, and on May 2nd his appearance is noted as showing all the evidences of extreme anæmia; he also felt very weak and giddy on getting up, and even when in bed blood oozed from the anus. Ergotine was then given night and morning in three-minim doses, but without any effect. On May the 4th he was seized with great general tremor followed by the loss of a large quantity of blood from the rectum, which appeared to flow almost continuously from the anus throughout the following night. On the 5th he became very restless and could hardly be restrained though quite conscious. In the afternoon he was quieter, but after raising himself in bed he fell back and died. A particularly disagreeable odour was perceived from the body immediately after death.

The notes of the post-mortem examination, as recorded succinctly by Mr. Stanley Boyd (then our registrar), may perhaps be given in full with advantage in a rare case of this kind.

" May 6th, 1882 (post-mortem twenty-three hours after death).—Temperature of room 62°. Rigor mortis well marked. Body splendidly developed and well nourished, not quite cold. In right pleura twelve ounces of deep orange-coloured clear fluid, in the left eleven ounces, but no signs of inflammation on either side. Pericardium universally adherent by old but not very tough adhesions. Heart: considerable clot on right side extending into great veins and pulmonary artery; scarcely decolorised; valves on right side healthy; mitral valves thickened but quite competent; lunulæ of aortic valves much fenestrated, contiguous portions of two adherent for about one third of an inch from their attachments, held together by a firm nodule of inflammatory tissue; endocardium of right auricle considerably stained; heart substance is pale and quite yellow in patches, consistence lessened, but little fat on surface. What blood there was about the body was coagulated. Left lung normal on surface, excessively cedematous, consistence nowhere diminished; right as left, but tissue of lower lobe is commencing to soften. Peritoneum: nothing abnormal, no fluid. Liver not projecting below right ribs, upper surface irregular; section shows lobules marked out much too clearly, they are very plainly seen everywhere; consistence everywhere increased but mostly so at anterior border of right lobe. Spleen: size normal, section pale, tolerably firm. Kidneys: left pale, normal; right normal; suprarenal capsules small, apparently too soft, section normal. Stomach normal, and contains curdled milk. Cæcum and descending colon full of fæces, the rest almost empty until the rectum is reached, then more fæces are met with. Mucous membrane of large gut normal throughout, no blood seen anywhere (Pl. VIII, A.). Wall of rectum in lower four and a half inches is much thickened by a nævoid growth in its walls which gives a purple colour to the mucous membrane (B. to C.). There are three or four prominent longitudinal folds here, each three quarters of an inch or more in width. The two largest are on the left side of the bowel; these are

the folds felt during life. One of them, just to the left of the middle line in front, and one and three quarters and two and a quarter inches from the margin of the anus are two ulcers (Pl. VIII, D) one not as large as a threepenny piece, the other and higher having an irregular shape and measuring one and a half by three quarter inches, a thin slough of mucous membrane adhering to it, while the smaller ulcer leaves the submucous tissue bare. Brain normal."

It is hardly necessary to say anything more about the tumour except that it presents everywhere the characters of cavernous nœvoid tissue. This can be well seen in the specimen which I have brought down to the Society (see Pl. VIII, B. to C.) and in some sections under the microscope which were prepared by Mr. Stanley Boyd (see

woodcut). Such a tissue in this situation must be of extremely rare occurrence, for after careful search I have failed to find any recorded instance in which it has been noticed. Fatal bleeding from such a growth must be still more rare.

* One half of the above specimen is in University College Museum, No. 5795, and the other half in the museum of the Royal College of Surgeons (Path. Catalogue, Series xxiv, No. 2578).

DESCRIPTION OF PLATE VIII.

(Cavernous Nævus of the Rectum, A. E. J. BARKER, F.R.C.S.).

This specimen shows about nine inches of the rectum with the anus, preserved in spirit (half size).

A. Normal surface of bowel.

B to C. Extent of cavernous nævoid change.

D. Half of two ulcers from which the fatal bleeding took place.

From B to C. The typical cavernous tissue is seen in section.