INTENSIVE PENICILLIN THERAPY IN FREE PERFORATION OF CARCINOMA OF SIGMOID COLON

BY
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FREE perforation at or near the tumour in carcinoma of the colon is fortunately a rare event in a young subject. The ancillary use of chemotherapeutic substances in the presence of peritonitis is important (Black and Evert, 1946) and appears to have improved the prognosis in what was formerly an often fatal condition. For these reasons the following case is recorded:

A Sapper, aged 21, complained of sudden onset of acute colicky pains in his abdomen accompanied by vomiting, on October 1, 1947. His bowels had been opened on the previous day but he had, for a long time, some irregularity of bowel habit and took laxatives when necessary. He had noticed a swelling in his right groin for some months. He was admitted to hospital eight hours after the onset with the provisional diagnosis of strangulated inguinal hernia.

On Admission.—A spare young man, looking ill; temperature 100·8° F.; pulse-rate 90; respiration 22. His lips were dry as was the tongue which showed a central dark brown fur. He vomited twice within two hours of admission. The abdomen was moderately distended, guarded and tender above the pubis and over both iliac fossæ. No masses could be felt in it. Borborygmus was heard. Rectal examination was negative. A hernia reaching the upper scrotum appeared to contain omentum and bowel. It was not tender and reduced easily. X-ray examination of the abdomen was not done.

Operation (four hours after admission).—The abdomen was opened through a lower right paramedian incision; on opening peritoneum a quantity of thin malodorous fluid and gas escaped. The lower loops of intestine showed evidence of early inflammation but there was little distension in these or in the proximal colon and cæcum. Some 20 ounces of faecal-stained pus was in the pelvis but no gross extravasation of bowel contents. The transverse colon was high up in the abdomen and was not disturbed. An annular thick hard growth completely encircling the middle of the sigmoid colon was found. It was lightly adherent to the fundus of the bladder. On the antimesenteric surface of the proximal lip of this tumour was a circular perforation, which admitted the tip of a 4-inch Spencer-Wells forceps. From it a few bubbles of gas escaped. The related inferior mesenteric and para-aortic glands were enlarged and felt craggy.

The affected loop was separated from bladder, exteriorized through a left iliac incision and prepared for a staged resection. A Paul’s tube inserted into the proximal loop allowed free drainage: A rubber tube drain was brought from the pelvis through the lower part of the approach incision.

120,000 units penicillin was given with the intravenous drip installed at operation. Nasogastric suction was used for the first twenty-four hours and then discontinued as it was not needed. The drainage tube from the pelvis discharged a little pus (odourless and sterile on culture after forty-eight hours) and was removed on the third day. By then the temperature reached normal and the abdomen was soft.

The exteriorized tumour was resected on the eighth day and the spur gradually crushed. The bowels began to move per via naturales on the twenty-sixth post-operative day. His colostomy shrunk well and was closed during the tenth week.

The patient gained 6 lb in weight during the period, the abdominal wall was sound, a barium follow-through was normal and he felt and looked very well on leaving hospital.

The tumour was verified pathologically as an adenocarcinoma.

In the immediate post-operative period penicillin was given by intermittent intra-
muscular injections three-hourly for eight days, then six-hourly for two days. Total penicillin, 8,660,000 Oxford units.

I am grateful to Major W. Wilson, R.A.M.C., for referring this case to me, and to Colonel Wm. MacKinnon, my Officer Commanding, for permission to submit this note for publication.

REFERENCE

AN UNUSUAL CASE OF OSTEITIS DEFORMANS
(PAGET'S DISEASE)

BY
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Osteitis deformans is an uncommon disease of bone occurring in middle-aged or elderly subjects of either sex in the proportion of three males to two females. The condition is characterized by osteoporosis of the bone affected, with consequent softening and deformity. Changes may involve the whole skeleton, or one bone, or a group of bones. It is only exceptionally hereditary and is unconnected with parathyroid deficiency, or with syphilitic infection. It is considered by most authors not to be due to an inflammatory cause but to be due to a derangement of the mineral metabolism [1, 2].

The following case of osteitis deformans is considered to be of interest on account of the youth of the patient.

Serjeant R., aged 33, shortly due for his release from the Army, was referred to the Surgical Outpatient Department of the British Military Hospital, Malta, on May 22, 1947, for investigation into the cause of "pains in his right leg" of which he had complained at infrequent intervals since 1933. He attributed the pains to the effects of a blow with a hammer on the front of his leg in 1931. From the onset of the trouble the pains seemed to occur after exercise and to subside with rest.

Previously the patient had not suffered any serious illnesses. In 1939 he had an attack of lumbago and sciatica which affected the right side more than the left. Up to 1942 he had several similar attacks but since then there had been no further trouble.

In 1944 he had a particularly severe bout of pain in his right leg below the knee after trying to catch a bus; and about the same time he noticed that his garter was getting too tight, and was producing a deep red mark in his skin. He reported to his private doctor who arranged for an X-ray examination to be made at the local hospital. (We have unfortunately not been able to obtain a copy of the report from the hospital concerned.)

He enlisted in 1945 and was drafted in the Royal Engineers and when he reported that he was subject to "leg pains" was allowed a sedentary job and excused all heavy work.

After enlisting he complained of no further attacks of pain; he was, however, conscious all the time of a dull ache in the right leg after even moderate exercise.

On examination it was found that the anterior border of the right tibia was thickened.