

## An Unusual Case of "Acute Abdomen" in a Child

BY

P. A. S. EVANS, M.B., B.S. (Lond.),  
M.R.C.S. (Eng.), L.R.C.P. (Lond.)  
Government Medical Officer, Salisbury.

A very common cause of acute abdominal pain in a child is acute appendicitis, and the following case is described as it simulated so closely this condition and for the rarity of carcinoma of the ovary at this age.

### CASE REPORT

One morning in January, 1956, a little girl aged 9 years walked into the European out-patients' department of the Salisbury General Hospital, accompanied by her mother.

According to the mother, the child complained of a severe pain, which had suddenly commenced the previous afternoon, in the right iliac fossa. The pain had become worse that morning. The child's bowels had not opened from the time of the onset of the pain in spite of the purgative administered by the mother. She had vomited twice.

*Physical Examination.*—The child was obviously ill and in pain. She was slightly pale. Her pulse rate was 132/min., respirations 23/min. and her temperature 100° F.

She was tender and rigid all over the abdomen, but specially so in the right iliac fossa. On rectal examination there was marked tenderness on the right side. All the other systems showed nothing of note. A diagnosis of acute appendicitis was made and, thinking of the old adage, "Purgation means perforation," it was considered that the appendix had perforated.

She was then seen by the honorary surgeon on call (Mr. I. R. Rosin), who agreed with the diagnosis.

*Operation (Mr. I. R. Rosin).*—A right pararectal incision was made, and on opening the peritoneum free blood escaped freely (very like a "ruptured ectopic").

A large spherical mass was found in the right iliac fossa which on delivering was found to be a twisted ovarian cyst (one and a half times rotated). It had ruptured due to an excessive haemorrhage into the cyst. The pedicle was untwisted and easily ligated and the cyst removed *in toto*.

*Pathology (Dr. G. V. Blaine).*—Tumour about three inches in diameter. The peritoneal surface was smooth.

The interior was filled with a white and yellow mass with large haemorrhage and necrotic areas. Fallopian tube with fimbrial end attached.

Section shows the tumour to be a solid papillary carcinoma of the ovary.

Her immediate post-operative recovery was uneventful.

### DISCUSSION

This case is reported because of the early age of the patient and the manner in which the tumour presented.

According to Novak (1947), a primary carcinoma of the ovary may be solid or cystic, the latter being the more common in a proportion 139 to 205 (Meyer, 1930). He divides the primary solid carcinoma into six types, the adenocarcinoma being the most common form seen. The papillary solid carcinoma is included in this type.

Willis places this tumour in a broad category, namely, "ovarian carcinomas of serous or pseudomucinous alliance."

Ley recorded a decided difference between the metastasising behaviour of malignant pseudomucinous tumours and solid papillary non-mucinous tumours. No lymphnodal deposits were found in any of the nine cases of the former, while in the latter 12 of the 16 cases showed affected lymph nodes.

### SUMMARY

A case is recorded of a primary carcinoma of the ovary presenting as an acute abdomen. The patient was nine years of age.

### REFERENCES

1. NOVAK, E. (1947). *Gynaec. & Obst. Path.* Saunders; p. 346.
2. MEYER, R. (1930). *Handbuch. Der Spez. Path. Anat. U. Hist.* Vol. 3.
3. LEY, A. (1920). *Proc. Royal Soc. Med.* (Sec. Obst. & Gynaec.), 13, 95.
4. WILLIS, R. A. (1948). *Path. of Tumours.* Butterworth; p. 487.

### Acknowledgments

I wish to thank Dr. R. M. Morris, O.B.E., for permission to publish this case. I also wish to thank Mr. I. R. Rosin and Dr. G. V. Blaine for permission to include their findings.