AN UNUSUAL TUMOUR

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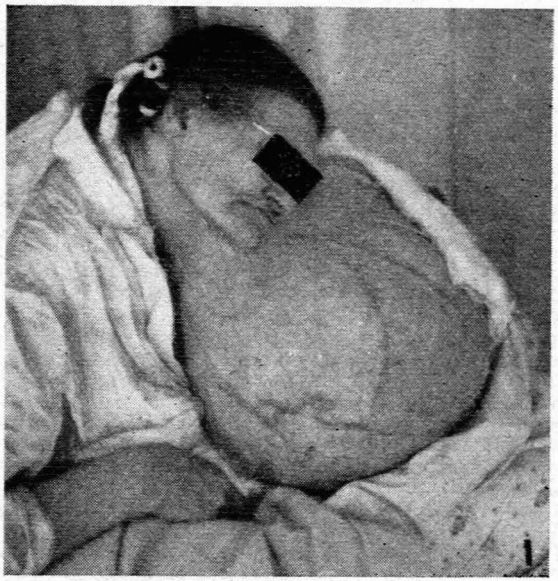
In July 1955 a European woman aged 63 was admitted to the Boksburg-Benoni Hospital because she had sustained a severe haemorrhage from the surface of a large tumour of her face. She stated that the tumour had been present for 30 years, showing a gradual increase in size over this period. She had objected to removal on religious grounds, and because a medical man had told her she would certainly die if this were attempted.



On examination the tumour seemed to be growing from the side of her face and neck, but no exact site of origin was discernible (Fig. 1). The tumour had pulled her head down and rested quite comfortably on her knees in the sitting position. Large veins coursed over its surface, and one of these had ruptured but had been easily controlled by pressure. The consistence was tensely cystic. The pre-operative diagnosis was that of a lipoma or possibly a liposarcoma. Some concern was felt from the physiological point of view about the removal of such a large growth. What portion of her circulating blood volume would suddenly be removed? Adequate transfusion arrangements were accordingly made.

The operation presented no difficulty. There were several large veins in the pedicle but haemorrhage was not troublesome. The centre of the tumour contained 3½ gallons of turbid fluid. The solid cortex weighed 25 lb, making the total weight of the mass 60 lb. The wound healed satisfactorily, but the patient has been left with facial paralysis on the side operated on, indicating that the tumour originated in the parotid gland.

The tumour tissue was submitted to Dr. B. Cohen, of the Oral and Dental Hospital, Johannesburg, who reported as follows:

'Sections were taken from solid portions of the tumour, from the surface lining the central cystic space and from an ulcerated area on the skin surface. The microscopic structure is that of a mixed salivary tumour. In the solid portion there are many areas simulating cystic changes which are due to distension of vessels, presumably a mechanical effect of the great weight of the growth. Necrotic change is widespread, and the tissue lining the central cyst-like chamber is composed entirely of necrotic debris. The surface erosion has the appearance of a benign ulceration. The over-all picture is of an uncomplicated mixed salivary tumour modified only by unusual heavy mechanical stresses.'

A second opinion was obtained from Dr. B. J. P. Becker, of the South African Institute for Medical Research, who concurred with Dr. Cohen's report.