MUCOUS GLAND TUMORS OF THE FEMALE PERINEUM

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Since tumors of the perineum, apart from the epidermal neoplasms, are remarkable for their infrequency, the occurrence of two mucous gland tumors of the female perineum within a short time attracted our attention to this type of growth. We were unable to find a report of any similar tumors in a brief survey of the literature or by personal inquiry among several pathologists and gynecologists. We report these cases with the hope that recognition of other cases will lead to a better understanding of the lesion.

CASE 1: The first case, pathological number 33–8–809, was an adenocarcinoma occurring in a woman fifty-six years of age. She had been followed by a urologist for about four years because of recurrent pain in both kidney regions, burning on urination, and one attack of hematuria. No definite cause for the symptoms could be found, the only abnormality being a slight distortion of the floor of the urethra about half way between the bladder neck and the external urinary meatus. The patient responded well to symptomatic treatment and after two and one-half years, during which time she was seen four times, she was not heard of for about eighteen months, at the end of which time she suddenly developed acute retention.

Cystoscopic examination revealed a marked distortion of the floor of the urethra without ulceration or overgrowth of the mucosa. Vaginal examination showed a smooth, tense, oval mass about the size of a hen's egg, lying between the urethra and vagina, apparently encapsulated on the vaginal surface but fixed along the urethra and extending up to the bladder floor. A portion of this mass was excised and a suprapubic attack then made, revealing an extension into the bladder around the posterior half of the urethra. Grossly the tissue was soft, somewhat friable in consistency, from pale red to white in color, and granular in appearance.

Microscopically it presented a mass of poorly formed acini, cords and small clusters of epithelial cells lying in rather dense, sparsely cellular stroma. They were generally of the tall columnar type, although there was great variation in shape observable, were uniformly large, and in the acini were arranged in simple or pseudo-stratified fashion. Some acini contained branching papillary projections of stroma and epithelial cells which fused to form small pseudo-acini. The cytoplasm of the cells was coarsely granular, darkly staining, and contained a few large and many small vacuoles. The nuclei were very large, vesicular, had large nucleoli, and a moderate number of mitotic figures. A curious feature of the cells was that generally they appeared to release their secretion by a "budding-off" process similar to that seen in some of the renal hydropic degenerations. Some foci showed slight necrosis with heavy infiltration by polymorphonuclear leukocytes.

CASE 2: The second case, pathological number 33–8–888, was an adenoma, occurring in a woman forty-four years of age. She had had a lump inside of the labium for eight years, which had periodically become swollen and painful. These exacerbations bore no relation to the menstrual periods. A blood Wassermann test was doubtful and the Hinton positive.

Examination revealed a tumor mass on the inner aspect of the labium minus, almost on the prepuce, which was soft, movable, and about 1 cm. in diameter. On removal it appeared to be completely encapsulated, soft and semi-fluid in consistency, and on sectioning was light yellow to white in color, greasy, and with a rather rancid odor. It
Fig. 1. Case 1: More solid portion of tumor, showing acini and columnar vacuolated epithelial cells. $\times 615$

Fig. 2. Case 2: Showing papillary structure and cells similar to those of Case 1. $\times 665$
showed microscopically the same type of cell and the same general architecture as Case 1. The arrangement of the cells was, however, entirely orderly, the basement membranes were intact, mitotic figures were very rare, secretion was more abundant, and the entire mass was surrounded by a band of dense connective tissue.

Apparently, in these two cases we are dealing with a benign and a malignant form of the same tumor; a tumor of mucous glands but of uncertain classification. Neither the urethra nor the vagina is normally supplied with mucous glands, and the introitus contains only Bartholin's glands, Skene's glands, and a few bulbo-urethral glands. Neither the architecture nor the cell type of these tumors resembles these glands closely; likewise, the location weighs against their origin from these glands. Nor do the tumors, on the other hand, appear to have arisen from cervical or endometrial glands. Does their tendency toward pseudo-stratification or their suggestively renal type of hydrops indicate an origin from some misplaced wolffian duct remnant?