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This afternoon as we meditate on the work of the deceased members of our Federation, we can well think of their years of service in terms of this dedicated and unselfish service to others. These services, together with their religious observance, constitute their glory. It is well for us on this occasion to give thought to our own lives in order that we may make sure that these same ideals motivate us. It is easy to be distracted by the attractive materialistic values which surround us daily.

As we pray for our deceased members in the Mass today, we should not forget to pray for ourselves, and we should remember Catholic physicians as a group—we should pray that they shall not lose that truly Christian professional spirit which means so much in the world today and we should ask God's grace for the sick who are dependent upon the professional spirit of the medical profession.

I would be derelict in my duty today if I did not pay my respects to the wives of our Catholic physicians. It is true that as a group these men have accomplished an incalculable amount of good and continue to do so each day. Nevertheless, they could not have done so much, served so unselfishly, if they did not have the understanding, the sympathy and the support of their wives. The life of a physician is not easy, nor is the life of a physician's wife completely tranquil. Indeed, the sacrifices are frequently so great that they could not be borne if these women did not understand and share the professional idealism of their husbands. We honor them today, also.

In this Memorial Mass, therefore, we prayerfully remember deceased physicians and their wives and we pray that the traditional spirit of unselfish professional service will motivate and support all of our Catholic physicians and their wives today and throughout the year.

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Federation Executive Board Meeting Scheduled

The Executive Board of the Federation of Catholic Physicians' Guilds will meet December 5-6, 1959. Time: 9:30 a.m. Place: Baker Hotel, Dallas, Texas. The officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business... Election of Officers.

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THE FRUITS OF CONSERVATISM IN THE TREATMENT OF OVARIAN PATHOLOGY

Howard L. Christian, M.D.

IN THIS ERA of medicolegal stormy period, among the most serious and most trivial. In fact, at one time the concept of conservatism in medicine was a common procedure to retain control upon the ovaries in the treatment of weakness or a hollow stomach—any of the various mental disturbances. After a time this practice was discouraged, when it was observed that the individual was deprived not only of ovulation but also of factors which had a marked influence on the general health.

SOME ASPECTS OF OVARIAN PHYSIOLOGY

As a result of the painstaking work of a number of investigators, there has been a gradual evolution of knowledge regarding the endocrine function of the ovaries. The more important of these are:

1. Preservation of the functional capacity for pregnancy. For the maintenance of this function, there must be one viable ovary, or a piece of one ovary, and a patent tube. Anatomically, it is conceivable that a small wedge of ovarian tissue with an intact blood supply may be adequate to maintain a normal physiological balance. The possibility of pregnancy will depend upon the presence of one or more Graafian follicles which are capable of maturation and of releasing a viable ovum. Under these circumstances, pregnancy is pos-
sible, but it is not as likely to occur as in a normal female.

2. Continuation of menstruation.

Even though the hope of pregnancy must be sacrificed in those cases where disease necessitates the complete removal of both tubes, the preservation of at least a piece of one ovary will generally maintain menstruation. For the present it seems reasonable to believe that the growth of the endometrium is due almost entirely to estrogenic stimulation, and that a decrease in the blood estrogen leads to rapid endometrial regression and, ultimately, to menstruation. The secretory changes in the endometrium are probably initiated by progesterone and estrogen.

3. Continuation of the endocrine effect of the ovary. When the uterus must be removed, pregnancy and menstruation are, of course, no longer possible. However, this endocrine activity is not limited to stimulating the genitalia but, in addition, exerts a profound effect upon the body as a whole, namely: (a) upon the production of hormones which are responsible for the development of the female physical and psychological characteristics; (b) upon the maintenance of the sexual instinct; (c) upon the maintenance of a normal vasomotor balance.

Available data indicates that the functions enumerated may not be operative in their entirety within one or both ovaries. Furthermore, these functions may be divided between the two ovaries or, in the extreme example, be operative in only one when the second ovary is physiologically inert. Therefore, the importance of this concept is self-evident and should be a deterrent to the promiscuous removal of an ovary which is the site of minimal disease. The ovary removed may actually represent the entire mass of functional tissue in a specific case. On the other hand, preservation of a wedge of ovary does not automatically guarantee a continuation of the endocrine activity. The tissue must remain viable and maintain an adequate blood supply. If the nutritional status is impaired to the extent that the functional elements undergo ischemic atrophy, then the physiological effect is the same as that resulting from total ablation of the organ.

FACTORS RELATING TO PATHOLOGY OF BENIGN LESIONS

The pathological features of ovarian lesions have been thoroughly evaluated and discussed over a period spanning several centuries. The knowledge derived from these observations indicates that many cysts (follicular, simple unicocular, multicellular cystadenoma, "chocolate," or endometrial, luteal and dermoid) and few solid tumors (fibroma and adenofibroma) of a benign nature may simply grow in such a manner as to stretch the ovarian tissues over the outer surface. As a result of this growth pattern, a plane of cleavage usually exists between the lesion and the ovary. However, there are some exceptions which do exist—those cases in which a large cyst or secondary inflammation results in actual destruction of tissue and in secondary functional inactivity.

There are various pathological changes in the ovary that may be associated with characteristic endocrine effects, but those which are classified as true neoplastic follicle cysts or theovarian neoplasm. The cysts are lined by granulosa or thecal cells in varying proportions and either may be luteinized. The term "single cyst" is used to differentiate these from the polycystic ovaries, although in many instances more than one cyst may be present. Polycystic ovaries constitute a rarer but more complex clinical and pathologic entity than the single follicle cysts. Both ovaries are involved, and usually, they are enlarged two to five times their normal size. Because of the dense, white ovarian capsule which is characteristically present, the cysts may not be visible before sectioning.

The cystic ovary formerly represented a serious problem in the realm of conservatism. When the cysts were extensively distributed, the ovary was often removed under the impression that it was irreparably damaged. This idea has been radically modified as a result of the ever-increasing knowledge relating to ovarian physiology and pathology. The ovary containing these small follicular cysts actually represents a functional disturbance which often may be corrected by endocrine therapy. In some instances, there may be additional complications, such as marked enlargement of the ovary or thickening of the capsule, which interfere with ovulation. These may necessitate excision of the cystic area, puncture of cysts, or excision of part of the capsule. When a large cyst is encountered, it may be completely enucleated; thus, the entire ovary or a remnant may be left behind. Immediately upon removal, every cyst should be opened and its benignity established before the operation is concluded. It should always be borne in mind that ovarian tumors are frequently bilateral and both ovaries must be carefully inspected or incised.

The finding of endometriosis in a young female presents a common problem to the gynecologist. A frank discussion of the situation with the patient may very often lead to a program of periodic observation rather than to a decision involving mutilating pelvic operations. In some cases, there may exist a form of invasive and destructive endometriosis accompanied by severe symptoms which will warrant radical treatment. Under these circumstances, the involvement of the ovaries and the resultant loss of function may render conservative treatment impossible. However, there are occasional cases in which the preservation of a small ridge of ovarian tissue has been rewarded by subsequent pregnancies. The importance of a careful study of conditions found at
operation with a view to preservation of ovarian and generative function is emphasized in an instructive article by Beecham. In a series of 61 cases of endometriosis in patients under the age of forty-five and with symptoms requiring operation, he was able to preserve the childbearing function in 32 (52 percent) and ovarian function in an additional 14 (23 percent). In subsequent observations of one to six years, only two patients had troublesome symptoms — a clear refutation of the theory that endometriosis necessarily requires ovarian ablation to stop symptoms.

The use of radiation alone as the initial method of treatment should be avoided in most instances. Surgery is preferable to radiation because of the opportunity it affords for conservatism with removal of large endometriomas, the correction of associated pelvic pathology and often preservation of ovarian function.

In summary, this brief analysis of the complexities and inter-relationships of ovarian physiology and pathology re-emphasizes the greater need for conservatism in the treatment of ovarian lesions. Once it has been established that a lesion is benign, every attempt should be made to spare the normal structures. In the young female, the needless sacrifice of functioning ovarian tissue may result in irreparable damage. Conversely, the sparing of only a small wedge of functioning tissue may preserve not only the endocrine activity but, in some instances, be rewarded by subsequent pregnancies.

A long-range view of a patient's total welfare is better medicine than is the myopic approach which may correct a relatively minor pathology today, but at the cost of more serious trouble tomorrow.

FOOTNOTES


GOD WAS the sculptor who carved, with violent blows, the exquisite perfection that was to become two great saints — Vincent de Paul and Louise de Marillac. Who was this Vincent de Paul? He was born of peasant stock, so he understood the hardships of the poor. A few years after his ordination as a priest, he was captured at sea by the Corsairs and sold as a slave in Africa. Because of this period of slavery, Vincent understood the suffering of the slave. He lived in France at a time when the galley slaves manned the huge ships, and once he freed a young man from the chains, exchanged clothing with him and set him free, putting the chains on his own legs and taking the boy's place on the galleys. The wounds from those chains were to trouble him for 40 years. Vincent de Paul learned human suffering by sharing in it.

Therefore, when he opened a hospital for galley slaves, he understood their pain because once it had been his own suffering. When he failed the poor he understood the worship of the poor.

Louise had known the sorrow of widowhood, the helpless anguish of being mother to a wayward son, and felt great repugnance toward the life of the court of France in the 17th century, with its pomp and its futility. She was refined by the fire of zeal for the spiritual life while forced to accept the material world.

Both of these people had a love for the poor and the sick that was destined to bring them together to work for suffering mankind.

Louise was a born nurse. As a rich woman who did not find court life absorbing, she began to visit the poor and the sick regularly. The Hotel Dieu, the only hospital in Paris, was always so full that numbers were turned away from...