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A Fibroma in the Wall of the Bladder

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thyroid enlargement begins as an epithelial hypertrophy followed by a hyperplasia. Colloid goiter may be thought of as the involution of the epithelial elements, or as the return of an active hyperplasia to the condition nearest to normal, (physiologically, chemically, and anatomically), that a gland which has once been actively hyperplastic can assume. There is nothing degenerative or atrophic in the process of involution. Proof of this is established by the fact that colloid goiters regenerate as readily as normal glands following partial removal. The processes involved in active hyperplasia; that is, the blood supply decreases, the store of iodine rises, the epithelium becomes cuboidal or flattened, and the colloid increases in density.

Review of Literature

In reviewing the literature, we failed to find reference to any very extensive studies relative to colloid goiter in the adult horse. Law ('11) stated in his textbook that goiter in horses may be diagnosed by the enlargement of one or both lobes of the gland. He also mentioned that Cadeac cited cases in which the goitrous thyroid weighed as much as four pounds. Asphyxia, difficult deglutition, and dyspnea have all been observed in horses because of an enlarged thyroid gland.

Schlotthauer ('31) studied the thyroid glands of 100 horses grossly and microscopically. His data indicate that any gland weighing more than 0.06 gram for each kilogram of body weight is abnormal. It is possible, however, that smaller glands may also show pathologic changes. Of the 100 thyroid glands studied, Schlotthauer classified 34 as normal, 20 as hyperplastic, 9 as colloid and 37 as adenomatous. The adenomatous glands consisted of benign papillary, fetal and colloid. All the glands studied were apparently gathered in the state of Minnesota. Sex apparently is of no significance in the formation of thyroid pathology according to Schlotthauer.

Abbot and Prendergast ('31) found that the colloid goitrous glands ranged in

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A Fibroma in the Wall of the Bladder

JAMES WELCH

Class of 1941

A SEVEN year old female fox terrier with a history of unsuccessful attempts at urination was presented at the office of Dr. Herbert Lothe, Waukesha, Wis. The enlarged abdomen lead Dr. Lothe to believe the dog's bladder was distended with urine. An attempt to catheterize her was unsuccessful because of an obstruction at the anterior end of the urethra preventing the entrance of the catheter into the bladder. Permission was obtained from the owner to surgically remove the obstruction.

The ventral abdominal and pubic area was shaved and tincture of iodine was applied. A two inch, fourteen gauge needle was used to tap the bladder through the abdominal wall, and about 1½ pints of urine were removed.

Operation

The dog was then anesthetized with ether and Dr. Lothe proceeded to operate. An incision 2 inches in length was made just anterior to the pubis in the median line. By exploration, a hard, round growth was found at the neck of the bladder. An incision through the muscle layer of the bladder revealed a submucosal fibroma which was easily removed by blunt dissection. The incision in the bladder was closed with a continuous suture of No. 2 catgut; an interrupted suture of No. 2 catgut was used in the peritoneum and abdominal muscles. Silk was used to close the skin incision.

The tissue removed was an oval-shaped fibroma, 1½ inches wide by 2 inches long, and weighed 1½ ounces. This tumor was very hard and apparently has obstructed the urethral orifice of the bladder. The patient made an uneventful recovery.