

CHIARI'S SYNDROME

Report of a Case

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SINCE Chiari's description of 2 cases, in 1855, of amenorrhoea with persistent lactation following delivery, very few others have been described. None of those reported by Sharp in 1935 had a subsequent pregnancy. Potter's patient (1944) became pregnant again. This being apparently so unusual, the following report may be of interest.

A 29-year-old woman, married for 7 years, had her first child after one year of marriage. She nursed the infant for 18 months. Three months after delivery she began to menstruate and had 9 normal monthly periods followed by amenorrhoea. After weaning the child milk continued to be secreted by both breasts for 4 years, after which she consulted me, in June 1942.

She was a healthy, well-built woman, 5 feet 3 inches in height, and weighing 143 pounds. Physical examination, blood and urine analysis and radiography of the sella turcica were negative; the basal metabolic rate -5. Pelvic examination revealed a small, well-placed and mobile uterus and no disease of the appendages.

Cyclic therapy with oestrin and progestin was commenced and was followed by some vaginal bleeding which did not recur on

discontinuation of treatment. Seen again 2 years later, in May 1944, her condition was unchanged. Stimulation of the pituitary by X-rays was advised and she was given 3 exposures at weekly intervals: right, left temporal and interocular portals each 84 r. The total amounted to 252 r.; factors were 155 kv., 4 ma., 1 mm., Cu filter.

She was seen again in March 1946, saying that she had had 4 monthly periods, the last about 3 months before. No milk could be expressed from the breasts. The uterus was softened and enlarged to the size of about 10 weeks' pregnancy, the Friedman test was positive. The woman was normally delivered of a boy in September 1946.

This is the second case, as far as I know, with Chiari's syndrome in which there has been a subsequent pregnancy.

REFERENCES.

- Chiari, J. B. V. L., Braun, C., and Spaeth, J. (1855): *Klinik der Geburtshilfe und Gynäkologie*. Enke, Erlangen, pp. 371-72.
Potter, J. C. (1944): *Amer. J. Obstet. Gynec.*, **47**, 276.
Sharp, E. A. (1935): *Amer. J. Obstet. Gynec.*, **30**, 411.



FIG. 1.
Photograph of foetal bones found in the uterine cavity.

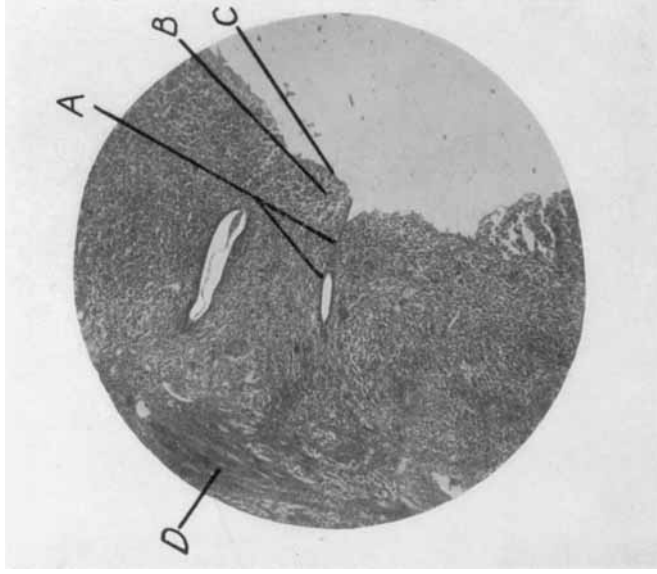


FIG. 2.

A—Endometrial glandular tissue represented by an occasional gland acinus or duct.
B—Zone of vascular granulation tissue lining the uterine cavity.
C—Patches of squamous cells suggestive of squamous epithelium.
D—Uterine muscle.

The endometrial interstitial tissue subjacent to granulation tissue shows a predominance of round cells and fibroblasts which are laying down collagen.

This is, therefore, a picture of chronic inflammatory reaction with obliteration of glandular elements and an effort to cover the surface with squamous epithelium. In other words the above shows the histological picture of a chronic endometritis.