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CASE REPORT

A Case of Cervical Tuberculosis Mimicking Cervical Carcinoma

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Introduction

Cervical tuberculosis accounts for 0.1–0.65 % of all cases of tuberculosis (TB) [1]. Although TB more frequently affects the fallopian tubes and endometrium [2], TB of the cervix is present in about 5–24 % of all TB cases of the genital tract [1]. Cervical TB is usually not suspected clinically and, in a post-menopausal woman, it may simulate carcinoma. In this article, we present a case of cervical TB due to the rarity of this condition (Fig. 1).

Case Report

Mrs. NK, 52 years, post-menopausal lady, presented with chief complaints of white discharge per vagina for the last 6 months along with irregular bleeding per vaginum. There was no history of weight loss, fever, night sweats, exposure to people suffering from TB, or with past history of TB (Fig. 2).

On general examination she had mild pallor and no lymphadenopathy. The abdominal examination was normal with no organomegaly. The speculum examination of the cervix revealed a cervical growth which was congested and bled on touch with foul smelling whitish discharge. On bimanual examination, same growth was felt. Uterus was anteverted, normal in size, and bilateral fornices were free. The rectal examination did not reveal any induration or nodularity of parametrium and rectal mucosa was smooth and freely mobile. Laboratory investigations revealed a raised ESR of 48 mm, HIV 1/2 non-reactive. All other hematological and biochemical parameters were normal. Chest X-ray was normal. Colposcopic examination revealed no aceto-white or iodine-negative area; colposcopic-directed cervical biopsy was taken. Histopathological examination of cervical tissue revealed chronic epitheloid granulomatous inflammation with Langhan's giant cell and scanty necrosis, so the diagnosis of TB was made. Based on this diagnosis, the patient was put on anti-tubercular therapy (ATT). The patient took ATT for 4 months at the end of which she had no symptoms, with a normal-looking cervix. Treatment was continued for six complete months (Figs. 3, 4, 5).

Discussion

Primary TB of the uterine cervix is a very rare disease, caused by *Mycobacterium tuberculosis* or *Mycobacterium bovis*. Pelvic organs are infected from a primary focus,

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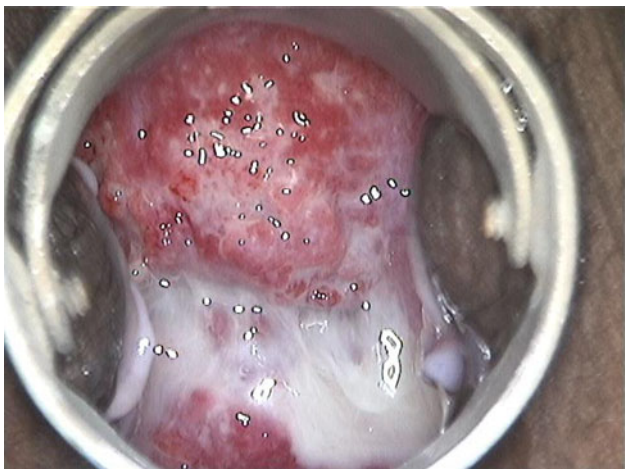

Fig. 1 Pretreatment appearance of cervix

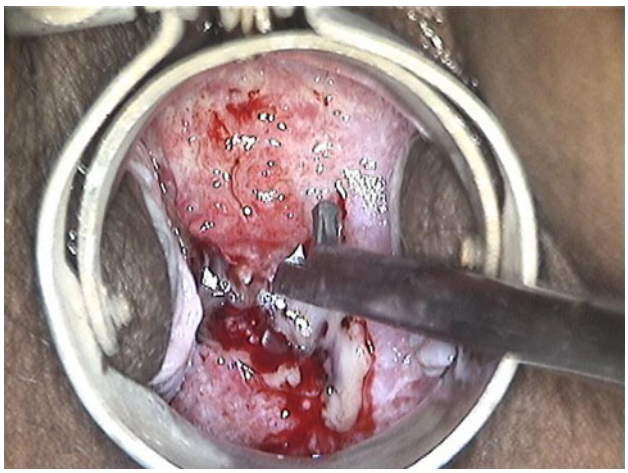

Fig. 2 Punch biopsy of the cervix being done

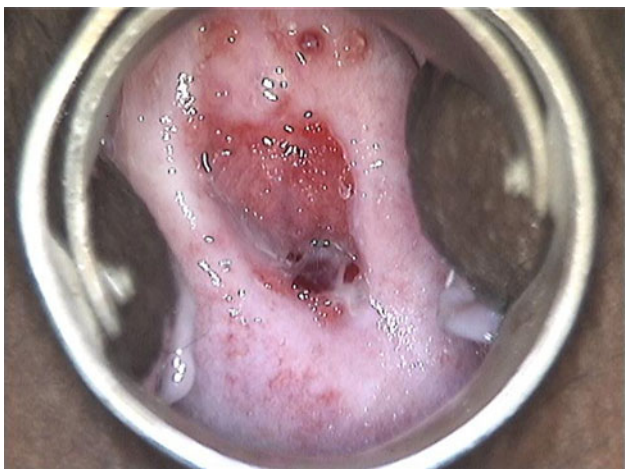

Fig. 3 Post-treatment appearance of cervix taken after 4 months

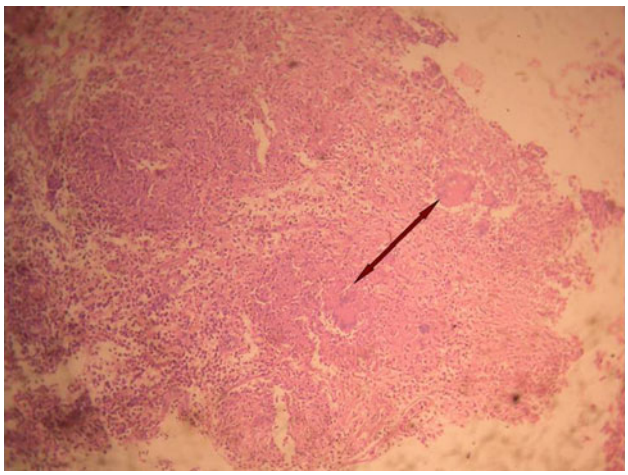

Fig. 4 Histopathological picture showing Langhan's giant cell

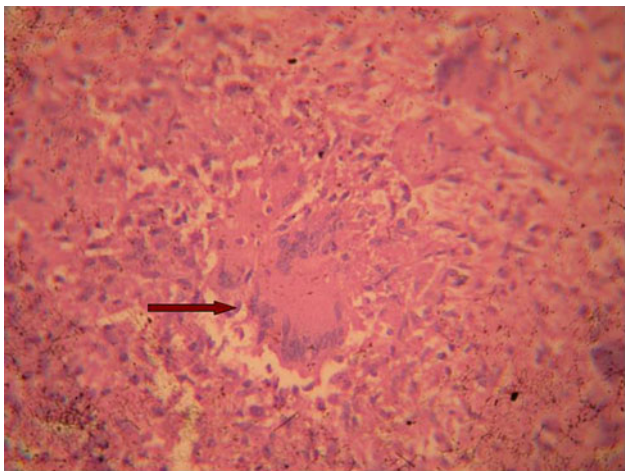

Fig. 5 High power field view indicating Langhan's giant cell

usually the chest, by hematogenous spread. The cervix is infected as part of this process, by lymphatic spread or by direct extension. In rare cases, cervical TB may be a primary infection, introduced by a partner with tuberculous epididymitis or other genitourinary disease. Although very rare, sputum used as a sexual lubricant, may also be a route of transmission [2]. The macroscopic findings of papillary, ulcerative, polypoidal, or miliary appearance may be misinterpreted as invasive cancer of cervix. Histological examination is accepted in the diagnosis of cervical TB [3, 4]. Staining for acid-fast bacilli may not be very useful in making a diagnosis [5]. Although isolation of mycobacterium is the gold standard for diagnosis, one-third of cases are culture negative, and therefore, the presence of typical granulomata is sufficient for diagnosis if other causes of granulomatous cervicitis are excluded. In conclusion, although cervical TB is rare, it should be included in the

differential diagnosis of the suspected cervical carcinoma due to the resurgence of this disease worldwide.

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