

TUBERCULOSIS OF CERVIX UTERI — DISCUSSION ON TREATMENT

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Of all the non-malignant lesions of the cervix that simulate malignancy, tubercular affections come first. Although the general idea is that it is rather rarely found, it does not seem so infrequent these days, when we are doing routine biopsies of cervixes so frequently for any suspicious looking ulcerative condition of the cervix.

In the Chittaranjan Seva Sadan and the Chittaranjan Cancer Hospital, during the period January, 1950 to November, 1952, 12 cases of tuberculosis of the cervix were found in 1109 biopsies, roughly 1 per cent.

The importance of diagnosing the condition is evident. All these cases clinically appear to be malignant and when on section, a tubercular condition is demonstrated, difficulty is experienced as to taking decision about the suitable line of treatment, radical by surgical methods or by usual medical methods of treatment of tuberculosis in general, namely streptomycin and P.A.S.

Diagnosis of a tubercular affection of the cervix is not always easy.

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Mere finding of giant cells of the Langhan's type in granulation tissue, forming a tubercle, is not conclusive. Absolute diagnosis can only be made by demonstration of tubercle bacilli in the section. It is not always possible to find such bacilli in the tissue. In our 12 sections, we could find them only on two occasions. Until and unless one finds presence of giant cells of Langhan's type in granulation tissue along with epitheloid cells, one should not term them definitely as tuberculous.

We cite here a few case reports of patients treated in the Chittaranjan Seva Sadan during the last few years.

Case 1. Age 27 years. Para 1, came for irregular blood-stained discharge after an amenorrhoea of 8 months. Uterus was found normal in size, cervix showed a mushroom type of growth. Biopsy—Tubercular affection.

Treatment: Total Abdominal Hysterectomy with Bilateral Salpingo-oophorectomy. Uneventful recovery.

Case 2. Age 35 years. Para 6, came for irregular sanious discharge for 11 months. There was a nodular growth from the cervix filling up al-

most the whole vault of the vagina. Uterus was bulky, mobile, appendages enlarged and palpable on both sides. Biopsy—Tuberculosis.

Treatment: Total Abdominal Hysterectomy with Bilateral Salpingo-oophorectomy. Uneventful recovery.

Case 3. Age 35 years. Para 6. Came for irregular blood-stained discharge for 3 months after an amenorrhoea of about 3 years. Had 3 attacks of pleurisy previously. Cervix was found bulky, irregular in feel and ulcerated, bled readily to touch. Uterus normal in size, mobile, right adnexa palpable.

Biopsy—Tuberculosis. No active tubercular focus demonstrable either in lungs, urinary tract or elsewhere in the body. Total Abdominal Hysterectomy and Bilateral Salpingo-oophorectomy done; uneventful recovery. Followed for 4 years. No evidence of flaring up of any other lesion in the body.

Case No. 4. The history of this patient is interesting. Age 35 years, married 21 years. Nulligravida. She had never menstruated in her life. Body well developed, female contour, breasts well developed. She came for slight continuous blood-stained discharge for 1 year, followed by white discharge.

On examination, cervix was found bulky, irregular in feel, eaten away in appearance, bled readily to touch. Uterus bulky, mobile. Biopsy—Tuberculosis.

Total Abdominal Hysterectomy and Bilateral Salpingo-oophorectomy done. The whole endometrium was caseous. The patient is well and without any flaring up of any focus

anywhere for the last 2 years. Here the patient had primary amenorrhoea although the ovaries were active. Was it that the endometrium got infected by tubercle bacilli before puberty and hence could not undergo the cyclical changes? There were no symptoms until the process progressed to the portio vaginalis, when the sanious discharge started.

Case No. 5. Age 20 years, Para 1, premature dead baby, 10 months ago. W.R. and Kahn's Test negative. Periods regular. On examination, anterior vaginal wall looked raw, cervix bulky, irregular in feel, bled readily to touch. Uterus—normal in size, mobile, adnexa clear. Biopsy—Tuberculosis.

On account of the young age of the patient, no operation was done. Streptomycin and P.A.S. and usual dietetic treatment was undertaken. Four months later examination showed, that the cervix was almost flushed with the vault, upper part of the vagina contracted, vagina being tent-shaped, no ulceration visible. Uterus—small. She was having regular scanty periods.

Of these cases, 4 were treated radically by operation, and one conservatively by medicines. The operative cases were done before the easy availability of Streptomycin and P.A.S. Radical surgical interference was satisfactory in all of them; we were possibly fortunate. But, after all, surgery in these cases is a mutilating operation. Naturally we would like to avoid such surgery if possible. Our 5th case, which has been treated medically, has also been quite satisfactory uptil now, although the time

elapsed has only been 8 months. We do not know as yet, if there will be any recrudescence. Even if there be one, we can ultimately take recourse to surgical interference.

In the absence of any active focus anywhere in the body, one is justified in taking recourse to operative interference in elderly women, who have had children. Removal of whole of the uterus with its appendages is necessary. Tuberculosis of the cervix is almost always associated with tubercular affection of the tubes and the uterus; hence total removal of the uterus with its appendages have to be done, if surgery is to be of any help

to the patient. It is extremely rarely that a primary tubercular affection of the cervix only is possible. Only very few cases have been recorded, which can bear scrutiny. In such cases, of course, a simple amputation of the cervix might suffice.

In view of the good results obtained in our 5th case, we have come to the conclusion, that, in these conditions, medical treatment should be first tried, irrespective of the age of the patient and only when such treatment fails, or when there is no response, or when there is recrudescence, that we have to take the help of radical surgery.