

## TUBAL PREGNANCY IN A TUBERCULOUS FALLOPIAN TUBE

by

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Though tuberculosis of the fallopian tubes is fairly common and tubal pregnancy more so, the co-existence of pregnancy in a tuberculous fallopian tube is very unusual. A small number has been reported in the literature from time to time, including those of Bland (1940), Kovacs (1943). Kistner, Hertig and Rock (1951) found a solitary case where the two were associated, though, they searched through a series of 313 ectopic pregnancy and 197 cases of tubercular salpingitis. Pendl (1947) collected 36 cases from the literature and added one of his own. According to Kistner and his associates there were 41 cases in the world literature before 1951. Since then reports have been published by Stoddard (1951); Fitzgibbon and Widdess (1951); VanVeen (1952); Burns & Burns (1953); Berenbaum and Korn (1954) etc.

The fifty-third case was reported by Mona M. Davin-Power et al in 1955.

In a personal series of 30 cases where pathology of fallopian tubes was suspected on clinical grounds and histological studies made, the following information was gained. The specimens were collected from

hysterectomy with salpingectomy, salpingectomy for tubal pregnancy, tubo-ovarian mass, etc.

### *Total Cases—30*

1. No gross pathological lesions —6—20%
2. Chronic inflammation — non-tubercular—18—60%
3. Tubal tuberculosis — 4 — 13.3%
4. Tuberculosis of fallopian tubes and endometrium with adenomyosis uterii—1—3.3%
5. Endometriosis of fallopian tubes—1—3.3%

There was a case where tuberculosis of fallopian tubes was found associated with a full-term uterine pregnancy (reported 1954). Tubal pregnancy was found four times. Only once it was associated with tuberculous salpingitis (case under review).

The high incidence of tuberculous infection in this small series is striking (16.6%).

Patency of fallopian tubes, when infected with tuberculosis is not an uncommon finding. Novak (1947) states that the distal portion of the tube may seem essentially normal with fimbriated end remaining open



in about 50% cases. Sharman (1952) was also able to find 34.2% patent tubes in patients suffering from tubercular endometritis.

The reason for this infrequent association of the two conditions may be due to altered physiology of the tubes, obstruction to the lumen with unfavourable conditions for nidation, and nutrition of the ovum. Asherman (1957) pointed out, that the functional disturbances of the propelling mechanism is more responsible than pathological changes in the tubes.

Recent successful treatment of genital tuberculosis with chemotherapy poses an interesting problem of increased incidence of ectopic pregnancy in such cases. In fact some workers have found a definite increased tendency in recent years. Halbrecht (1957) reported conception in 20 of 100 patients who received antibiotic treatment in latent genital tuberculosis. Out of these, only 6 had uterine pregnancy, while in the rest there were ectopic pregnancies. Only 3 patients went to term, but they had no evidence of endometrial tuberculosis before antibiotic treatment was started. Whereas 80% pregnancies in patients with endometrial tuberculosis were ectopic, only 44.4% pregnancies were ectopic in tubal tuberculosis. He advocates careful watch on patients who become pregnant after antibiotic treatment, especially after endometrial tuberculosis.

#### Case Report

Mrs. P. B. D., aged 26 years, Hindu, Regd. No. 354/59—O.P.D. was admitted in Nilratan Sircar Hospital on 11-3-59 with history of severe lower abdominal pain

which started on the right side and gradually became generalised. Slight vaginal bleeding was also complained of. She had amenorrhoea of 8 weeks.

Menstrual history: Irregular, for the last 2 years at intervals of 2 to 3 months, with occasional regular periods lasting for 3 days.

Obstetric history: Her only pregnancy 10 years ago ended in normal full-term child-birth. No conception occurred since, though no contraceptives were used.

Past history: Typhoid fever 12 years ago. She had a dull pain on the right side of pelvis for one year, though no treatment was sought for.

General condition was fair. Abdomen was generally tender, more marked on the right lower quadrant.

Vaginal examination revealed a slightly bulky uterus, with a tender mass in the right fornix. Pouch of Douglas felt cystic and tender. Fingers were stained with blood.

Patient was kept in strict bed rest with analgesics (when necessary) with a provisional diagnosis of tubal pregnancy. Routine investigations of blood, urine, stool did not reveal any abnormality, except slight anaemia of hypochromic type.

Laparotomy was done under pentothal, gas and oxygen anaesthesia. Old blood was found in the pelvis and in the pouch of Douglas. The right fallopian tube was swollen, friable, oedematous. Fimbriae were everted. Lateral end of the tube was adherent to coils of intestine. Cheesy material with old blood clot was found on the abdominal ostium of the tube, scattered in the pelvis and neighbouring coils of intestine. The tube was so friable that it ruptured while the adhesions were being separated and a fleshy mass surrounded by old blood clot and some cheesy material came out. The fleshy mass on section showed a thin-walled gestation sac in the centre, surrounded by blood clot. The tube was removed. The contra-lateral ovary was found healthy, the tube being congested and slightly thickened. Both were left behind. The findings made one suspicious of the presence of tubercular infection with tubal mole. Some cheesy material with adjoining small portion of



the fallopian tube was sent for histological examination for evidence of tuberculosis. Whole blood, 280 c.c., was transfused in slow drip during the latter part of the operation and carried on to the immediate post-operative period.

Routine post-operative management for cases of laparotomy was carried out. Streptomycin,  $\frac{1}{2}$  gram twice daily, was added to penicillin therapy to combat any possible tubercular flare-up and patient had a total of  $5\frac{1}{2}$  gram streptomycin during this period.

Apart from a rise of temperature upto  $100^{\circ}\text{F}$ . ( $37.8^{\circ}\text{C}$ ) the post-operative period was uneventful and she was discharged on the 11th post-operative day with a well healed abdominal wound and with advice to continue streptomycin and P.A.S.

#### Pathological Report

I. The section from the cheesy mass showed only amorphous caseous material, in which no cellular outline could be discerned.

The other section showed the structure of fallopian tube. Plicae were flattened, with congested blood vessels beneath the epithelial lining. At one corner of the wall was a large caseous area surrounded by epithelioid cells, Langhan's type of foreign body giant cells. Some lymphocytes were also present. Within the lumen was found an area of haemorrhage which was being organised. No doubly refractile granules were visible in these lesions.

**Opinion:** This is a picture of a tuberculous infection of the fallopian tube.

II. Endometrial Biopsy. Endometrial glands in the proliferative phase. Scattered here and there are early tubercles consisting of giant and epithelioid cells.

III. Mantoux Test. Positive +++ with  $1/10,000$  O.T.

Skiagraphy of Chest: No infiltration present in lung fields.

#### Comments

The tuberculous affection of the tube was suspected from the laparotomy findings, confirmed by histological evidence.

The existence of the condition was entirely unsuspected the patient having never reported before. She had a long period of sterility (10 years), menstrual disturbances, and a dull lower abdominal pain, a year before admission.

Though both tubes are usually simultaneously affected, there are instances, when one tube may be affected earlier or more than the other.

Clinical follow-up two months after the operation is rather interesting. The right side of the pelvis is free from any mass or tenderness. Uterus is fairly mobile. Left side is free. Patient is in good general health, though E.S.R. still remains high (54 m.m.). Eight months later, some findings, E.S.R. 16 m.m.

#### Summary

1. A case of tubal pregnancy with tuberculous salpingitis has been reported.

2. Tuberculosis was suspected at laparotomy and confirmed by histological examination.

3. Unilateral salpingectomy was done. Patient is on streptomycin and P.A.S. therapy. So far, she shows good progress, though chance of pregnancy in the remaining tube in future remains.

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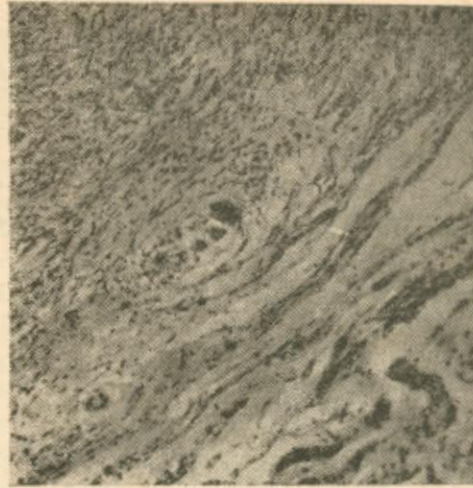


Fig. 1

An early tubercle forming in the wall of the fallopian tube, consisting of epithelioid cells and Giant cells. Haematoxylin and eosin x 60.

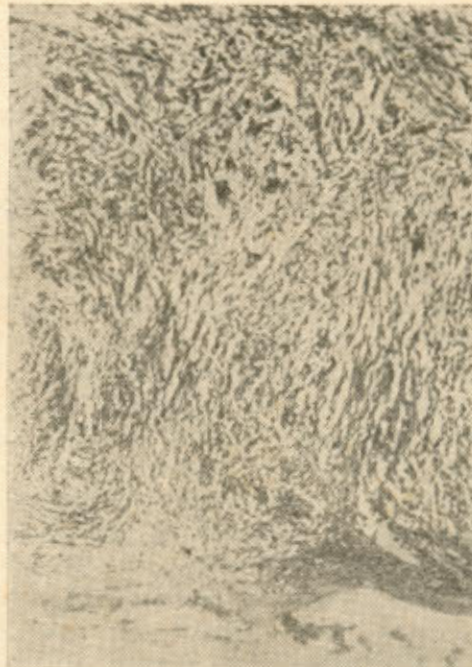


Fig. 2

Showing the margin of caseous area (extreme left), epithelioid cells and some Giant cells. Haematoxylin and eosin x 60.