A CASE OF AMOEBIASIS OF CERVIX AND VAGINA

by

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Amoebic cervicitis and vaginitis are now well recognised as a rare cause of purulent discharge per vaginam. There is a greater awareness of this condition now-a-days, so that more and more cases are being reported. Weinsteen and Weed (1948), reviewing the literature, could find only 10 cases reported from 1916 to 1946. Bhoumik, who reported one case, reviewing the literature found 20 cases reported upto 1951; 13 cases have so far been reported in India.

We are reporting here one case of amoebiasis of cervix and vagina which is interesting with regard to the probable source of infection.

Case Report

Mrs. K., 29 years, complained of purulent vaginal discharge and lower abdominal pain since 2 months. There was no relevant past history.

Menstrual History. Periods regular 3-4/30, flow normal.

Obstetric History. Married 7 years back. She had 3 full-term normal deliveries. Last childbirth was 2 years back.

On Examination. Well nourished woman. Cardiovascular and respiratory systems normal. No mass palpable per abdomen.

Local examination. Vulva appeared normal. There was profuse blood-stained purulent discharge escaping from the vagina. The discharge was foul smelling. There were a number of small circular ulcers covered with greenish yellow slough. There was one similar ulcer on the anterior lip of the cervix about one centimeter from the external os. Uterus was normal in size and fornices felt free.

Investigations. Microscopic examination of the vaginal discharge showed plenty of actively motile Entamoeba Histolytica along with pus cells and red blood cells. (Refer to figure). There were no trichomonas; pH of the discharge was 8.

Culture of d scharge for bacteria showed coagulase negative staphylococci.

A smear stained with Papanicolaou stain also showed amoeba with ingested red blood cells.

Urine: Showed no abnormality.

Stool: Round worm and whip worm ova detected, but there were no amoebae, though the stool was repeatedly examined.

Blood. Haemoglobin: 10 gm.%. W.B.C.: 8500/cmm., polymorphs: 72%, lymphocytes: 22%, eosinophils: 3%, monocytes: 3% and V.D.R.L.: Negative.

A diagnosis of amoebiasis of cervix and vagina was made. A detailed history with regard to the source of infection was then taken. The relevant point in the history was that she never had any attack of dysentery but two of her children had dysentery (possibly amoebic) two months back.

Treatment. She was given the following treatment. Emetine gr.½ on the first day and then gr. 1 daily for 7 days. Daily dettol douches and acriflavine plug.

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After one week the patient was examined per speculum. The ulcers were almost healed and there was only very little discharge. No amoebae were seen in the discharge. She was examined and investigated again after 2 weeks. The investigation revealed no evidence of infection.

Discussion

In 80% of the reported cases of amoebiasis of the genital tract, infection of gastrointestinal tract was present (Anusuya Dass and Mithal 1963) and this is considered as the important source of infection.

Habit of ablution, rectovaginal fistula and rarely coitus are factors favouring transmission of infection from gastrointestinal tract to vagina. In the case reported here, the genital tract was probably primarily infected, directly from the diseased children, through lack of hygiene and this is conceivable considering the habit of mothers helping the children in cleaning the parts after defaecation.

The rarity of infection of the genital tract compared to intestinal tract has been a matter of great discussion. Various anatomical and physiological features of the two systems have been put forward to explain this. The anatomical position of the vagina favouring constant draining of its contents, the many-layered squamous epithelium of the vagina and the high acidity of the vaginal discharge are mentioned as factors unfavourable for prevalence of amoebic infection of the genital tract (Anmola Sinha 1961).

Failure to look for this organism routinely in the vaginal discharge is mentioned as an important reason for the low incidence of this condition. Repeated examination of discharge, or sometimes the scrapings from the ulcers, may be necessary in suspicious cases.

From the reported cases, it seems reasonable to suspect amoebiasis, when a patient of the younger age group complaining of blood-stained purulent discharge per vaginam is, on examination, found to have ulcers (often multiple, round or linear ulcers) on cervix and vagina. The other common condition of ulceration in this age group to be given consideration is syphilis, but here the lesion is usually single, and multiple only in 10% of cases (Shaw) and vaginal chancres are very rare. In older age group of patients with ulcers and purulent vaginal discharge carcinoma is an important condition to be differentiated and cases referred as carcinoma, and later proved to be amoebic ulceration, have been reported (Anmola Sinha 1961) (Talwalker and Sarah Israel 1961)

Amoebiasis of the genital tract responds very well to the specific treatment, and so the diagnostic importance of this condition is obvious.

Summary

A case of amoebiasis of cervix and vagina is reported. The important clinical features are briefly discussed.

References

1. Bhoumik, A.: In. Med. Gazett. 86: 355, 1951.
2. Dass, Anusuya and Mithal, S. B.: J. Obst. Gynec. India. 13: 571, 1963.
3. Sen, N. C.: Brit. Med. J. 1: 808, 1949.
4. Shaw's Text Book of Gynaecology,

Revised by John Howkins, ed. 8, 1962, p. 260.
5. Sinha, Anmola: J. Obst. & Gynec. India. **11:** 323. 1961.
6. Talwalker, G. V. and Israel, Sarah: J. Obst. & Gynec. India. **12:** 729, 1962.
7. Weinsteen, B. Bernard and Weed, John C.: Am. J. Obst. & Gynec. **56:** 83, 1948.

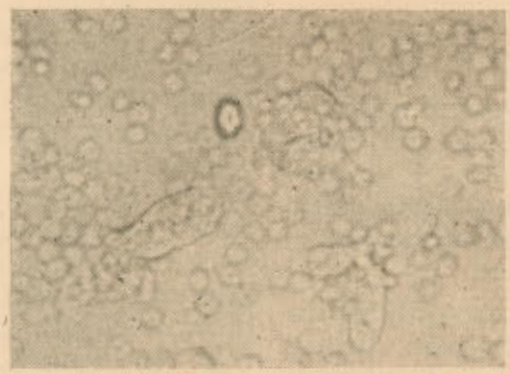

Fig. 1.