

## CLINICO-LABORATORY STUDY OF GENITAL TUBERCULOSIS: PART II—CERVIX

by

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Tuberculosis of cervix is comparatively rare as compared to incidence of tubercular endometritis. This is attributed to immunity offered by squamous epithelium to penetration of tubercle bacilli and great vascularity of its mucosa. Its resistance is undermined by repeated trauma in active sex life and trauma during labour. The present study was taken up to find incidence of cervical tuberculosis amongst cases of genital tuberculosis and other inflammatory causes of chronic cervicitis and erosion.

A total of 8875 cervical biopsies were examined during an eight year period from 1965-1973 in the Department of Pathology & Bacteriology. Of these, 138 showed presence of tuberculosis (1.55%). During this period there were a total of 586 cases of genital tuberculosis as depicted in Table I and cervical tuber-

TABLE I  
*Frequency Index of Genital Tuberculosis*

Site	No. of biopsies examined	No. with tuberculosis	Percentage
Endometrium	13192	410	3.1
Cervix	8875	138	1.6
Fallopian tubes	184	17	9.2
Ovaries	346	18	5.2
Vulva & Vagina	143	3	2.1
Total		586	

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culosis formed 23.5% incidence of total cases of genital tuberculosis. In this series of 138 cases of cervical tuberculosis, the age varied from 21 to 48 years. More than 62% were phase between the ages of 21 to 30 years, as shown in Table II.

TABLE II  
*Age Incidence in Tubercular Cervicitis*

Age in years	No. of cases	Percentage
21-30	86	62.3
31-40	40	28.9
41-50	12	8.6

Clinical diagnosis of the treating doctor at the time of biopsy is shown in Table III. It is surprising to note that not

TABLE III  
*Clinical Diagnosis in Tubercular Cervicitis*

Clinical Diagnosis	No. of cases	Percentage
Unhealthy cervix	17	12.3
Erosion cervix	64	46.4
Chronic cervicitis	23	16.7
"    Carcinoma	11	7.9
Carcinoma	23	16.7
Total:	138	

single case was clinically considered as tuberculosis, and emphasises the rarity and quiescent nature of this disease.

The most common presenting symptom was leucorrhoea in 87 patients (63.04%) followed by pain and bleeding during coitus in 30 patients (21.73%) and intermenstrual bleeding in 19 patients

(13.76%). In two cases (1.4%), the episode of bleeding and dirty discharge occurred after menopause.

All women were married and parous. There was no history of primary sterility in this series and secondary sterility was complained by 15 patients only (10.86%). These findings are in sharp contrast to endometrial tuberculosis where more than 50% patients had sterility. In 34 patients (24.63%) clinical possibility of carcinoma was entertained and histopathological report of tuberculosis of cervix came as a surprise and relief to the patient.

Grossly, only 3 forms were noticed, ulcerative in 58 (42%), erosion in 64 (46.37%) and proliferative in 16 (11.60%) patients. Histological appearance of tuberculosis is same as in other sites with only this difference that extensive caseation is absent and granulomas are small and few in number.

#### Comments

It is now universally accepted that pelvic tuberculosis is secondary to some lesion in the body and involves first the fallopian tube, and then endometrium, cervix, vagina and vulva. This would mean that incidence of tubal tuberculosis should be the highest in genital tuberculosis. In practice this is not so, because surgery is done only in limited cases of pelvic inflammation. Tuberculosis of endometrium is most common because of the ease with which curettings are obtained and examined histopathologically thus increasing the chance of case findings. Least common site of involvement is vulva and in fact it is so rare that only occasional case reports appear in literature, Bhattacharya, 1968 and Priyamvada, 1968.

Our incidence of 23.5 per cent in geni-

tal tuberculosis is in between the reported figures of 13.75 per cent by Bose (1959) and 41.8% per cent by Paranjothy (1971). Earlier reports from Gupta and Borkotoky (1959) and Mitra and Sen Gupta (1952) showed incidence of less than 1%; however the number of cases studied by them was very small. There is paucity of reports on cervical tuberculosis in Indian literature in contrast to reports on endometrial tuberculosis.

In the present series, 46.4% patients showed tuberculosis of cervix grossly manifested as erosion, 42% as ulcerative lesion and 11.6% as fungating mass resembling carcinoma. Few reports are available for comparison in Indian literature. Paranjothy (1971) reported gross appearance of erosion in 33%, 6.8% as fungating mass and 2% as ulceration. While Kirloskar's (1968) figures were proliferative 39.1%, ulcerative 26.1%, erosion 26.1% and ectropion 8.7%.

There was no association of carcinoma and tuberculosis in the cervix in our series although single instances of such coincident pathology has been mentioned by Bhaskar Rao (1959) and Chalmers (1958).

#### Summary

138 cases of cervical tuberculosis are reported from an analysis of 8875 cervical biopsies. The clinical data and morphological forms are described and results compared in light of available literature on the subject.

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