

CLINICO-RADIOLOGICAL STUDY OF 75 CASES OF GENITAL TUBERCULOSIS

by

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Review of Literature

Madsen (1947) studied 42 cases of genital tuberculosis and found retention of opaque medium in tube with little or no dilation as a striking feature of tubercular salpingitis in 29 out of these 42 cases. Ekengreen and Ryden (1950) studied 75 cases of tubal tuberculosis and 61 cases of endometrial tuberculosis and described various types of hysterosalpingographic pictures in genital tuberculosis. Drunkman and Rozin (1951) described that in tuberculosis of the endometrium, abnormal penetration of lipiodal into the lymphatic vessels and veins even under normal pressure. Townsend (1955) and Helbrecht (1956) also performed hysterosalpingography in cases of genital tuberculosis. Malkani and Rajni (1959) found that genital tuberculosis had an incidence of 7.1% in primary and 12.35% in secondary sterility. Kishore *et al* (1969) performed hysterosalpingography in 64 cases of genital tuberculosis and described various

types of uterine and tubal findings. Jhaveri *et al* (1972) studied 200 cases of infertility and formed an incidence of 6.5% of genital tuberculosis in their cases. Mukerjee *et al* (1972) found an incidence of 3.6% of genital tuberculosis in the cases of subfertility.

Material and Method

The present study was undertaken in the department of Obstetrics & Gynaecology, G.S.V.M. Medical College, Kanpur. The subjects for the present study were selected from the out patient and in patient department of U.I.S.E. Hospital of G.S.V.M. Medical College, Kanpur.

Hysterosalpingography was carried out by using Diaginol viscous 40% W/V and lipiodal ultrafluid 38% W/V. Under radiographic exposure of 80 KV, 50 MAS with Buckey and cassette and per speed screen on a plate of size 10" × 8".

Observation and Results

The hysterosalpingographic findings of the uterus and cervix are detailed in Table I.

The commonest hysterosalpingographic finding was venous reflux which was observed in (17.33%) of cases (plates and 2).

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TABLE I
Hysterographic Findings of Uterus and Cervix

Hysterosalpingographic findings	No. of cases	Percentage
Normal uterus	28	37.33
Venous Reflux (plate 1)	13	17.33
Elongated and irregular cervical canal	9	12.00
Fine irregularities of Fundus	10	13.33
Saw tooth appearance (plate 2)	6	8.00
Distorted uterine cavity (plate 3)	5	6.66
Lymphatic Reflux	4	5.33
Uterine synechiae	10	13.33

Tubal abnormalities were observed in 17.33% cases of the present series. 64 cases (85.33%) of genital tuberculosis. Kishore *et al* (1969) have also described These are detailed in Table II. The com- venous reflux in 29.7% of their 64 cases

TABLE II
Tubal Findings on Hysterosalpingogram

Findings in hysterosalpingography	No. of cases	Percentage
Normal tubes	4	5.33
Bilateral Block (plate 2)	25	33.33
Unilateral block	10	13.33
Coiling of tubes	2	2.66
Pipe-like tubes	5	6.66
Small sacculation of tube (plate 4)	4	5.33
Irregular lumina	6	8.00
Torturous and dilated tubes (plate 4)	4	5.33
Beaded appearance of tubes (plate 5)	5	6.66
Hydrosalpinx (plate 5)	3	4.00

monest tubal finding was of bilateral block.

Three cases showed a calcified lymph node in the pelvis in the radiograph (plate 3).

Discussion

In 5 (6.66%) out of 75 cases, hysterosalpingography did not reveal any radiological abnormality in the uterus, cervix and fallopian tubes. In the remaining 70 cases (93.33%) abnormal hysterosalpingographic findings were present in the uterus and cervix in 62.66% and in the tubes in 85.33% cases. The commonest abnormality of the uterus observed was uterovenous reflux, which occurred

of genital tuberculosis.

The second commonest abnormality of uterus observed in the present series was fine irregularities of the fundus and side walls and findings suggestive of uterine synechiae in 13.33% cases. Our findings in this regard resemble the observation of Kishore *et al* (1969) who have reported fine irregularities of the fundus and side walls in 11.9% of cases. Sawtooth appearance observed in our series, was also observed by Kishore *et al* in 4% of the cases.

Abnormal tubal findings in hysterosalpingograms were detected in 85.33% of our cases of genital tuberculosis. The commonest tubal pathology observed in

the present series was bilateral tubal block in 40% cases. Kishore *et al* (1969) observed bilateral tubal block at the interstitial end in 21.87% of their cases. Ekengren and Ryden (1950) in a series of 75 cases, demonstrated tubal block in about half of their cases. Beaded appearance of the tube observed in our series in 6.66% of cases, was also observed by Kishore *et al* (1969) in 12.5% cases of genital tuberculosis. Our incidence of hydrosalpinx (4%) was similar to that of Kishore *et al* (1969) as 3.12% but lower than that reported by Townsend (1955) who reported it in 23.33% of his cases of pelvic tuberculosis.

Conclusions

1. The majority of patients of genital tuberculosis fall in the age group of 26 to 30 years.
2. The commonest symptom of genital tuberculosis is related to its association with infertility.
3. The commonest menstrual disorder in genital tuberculosis is menorrhagia in 30% of cases.
4. Hysterosalpingography revealed abnormal finding in uterus, and cervix in 62.66% and in fallopian tube in 85.33% cases.
5. Abnormal hysterosalpingographic findings in uterus and cervix included venous reflux in 17.3%, fine irregularities of fundus in 13%, distorted uterine cavity

in 6.6%, saw tooth appearance in 8.0%, irregular cervical canal in 12% and uterine synechie in 13.33% cases.

6. Abnormal tubal findings in genital tuberculosis included bilateral tubal block in 33%, unilateral block in 13.3%, sacculations in 5.3%, irregular lumina in 8%, tortuous dilated tube in 5.3%, beaded appearance, in 6.6% and hydrosalpinx in 4.0% of cases (plate 5).

7. Calcified lymph glands in the pelvis were found in 4% of cases of genital tuberculosis (plate 3).

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See Figs. on Art Paper V-VI