AMOEBIC CERVICITIS

(A Case Report)

by

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Introduction

The female genital tract is very infrequently affected by amoebic infection but with the greater awareness of the condition more and more cases are being reported. Weinstain and Weed in 1948 reviewing the literature could find only 10 cases from 1916 to 1946 and could find 4 more cases in 9 months. Quite a few cases are reported from India by Sen (1949), Sinha (1961); Talwarkar and Israel (1962), Kalyanikutty and Verghese (1964).

CASE REPORT

Mrs. C.S., aged 54 years was referred for vaginal cytology in the cytology clinic. She gave history of postmenopausal bleeding and leucorrhoea since last 20 days. She had menopause since last 10 years.

Menstrual History: Her previous menstrual history was regular.

Obstetric History: She was a nullipara and was a widow from the age of 17, after 1 year of married life.

On Examination

While taking the smear the cervix was bulky, bluish pink in colour with reddish brown necrotic slough coming out from the cervical os. On the anterior lip of the cervix there were 3 ragged, linear, snailtrack ulcers 1-2 cms. long and were superficial. No ulcerations were noted in the vagina, but the patient complained of burning sensation in the vagina while examination. Uterus was anteverted, small, mobile and no abnormal signs were detected.

Smears were taken from endocervix and exocervix by Ayre's spatula, from the posterior fornix for the hanging drop preparation by swab stick and by gloved finger from the lateral vaginal wall.

The slough coming out per vaginam was necrotic, thick and profuse. The clinical picture was highly suggestive of malignancy of cervix.

On hanging drop examination one smear was found full of leucocytes and erythrocytes and amoebae were missed. The lateral vaginal wall smear and the smears from the exocervix and endocervix showed mainly intermediate cells and parabasal cells with many sheets of endocervical cells. These cells showed inflammatory nuclear changes. There were quite a few rounded bodies which contain many phagocytosed erythrocytes suggestive of E. Histolytica. The background was full of leucocytes and erythrocytes and showed cytoplasmic debris (Fig. 1),

The diagnosis on hanging drop preparation was missed but on smear studies, E. Histolytics were detected. So a careful study and proper search for this protozoa will reveal more such cases from tropical and subtropical countries.

Investigations

Stool examination was negative. Blood Examination: Nothing abnormal detected.

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Treatment

The patient was put on inj. Emetin gr i I.M. daily for 7 days and was given Tab. Flagyl 4, per day for 7 days. She was given Tab. Estroid T, Surbex-T, and Talsutin.

One month after the treatment the patient was examined again and the smears were repeated. Clinically she showed remarkable progress, she had no leucorrhea or vaginal bleeding. On examination the cervix was cleared of discharge and the ulcers were completely healed. There was no burning sensation in the vagina.

Discussion

Amoebic infection of the genital canal has been reported from the tropical and subtropical countries and the gastro-intestinal tract infection is considered the important sources of the transmission of the infection. In 80% of the reported cases of amoebiasis of the genital tract, G.I. tract infection was primarily present. (Dass and Mithal, 1963).

The anatomical position of the vagina and the high acidity of the vaginal discharges are the unfavourable factors for the prevalence of amoebic infection of the genital tract. (Sinha, 1961). Also the folds in the cervical mucosa and the stratified squamous mucosa of the vagina and the anatomical position may protect the genital tract from the infection more than the infection in the gastro-intestinal tract. The routine examination of the discharge and study of the scrapings from the ulcers is very important for this condition. In extensive vaginal amoebiasis the vaginal wall gets scarred and causes difficulties during labour.

It is all too easy to pass off such a leison as a non-specific infection and even on examination of the discharge one may miss the diagnosis unless there is a high index of suspicion.

The present case where the diagnosis was only made on cytology smears and was not suspected clinically or even on wet preparation examination is illustrative.

Amoebic infection may be superimposed upon the previous carcinomatous ulceration. Also it is differentiated from syphilitic ulcers which have punched out margins and are deep. Tuberculous ulcer is painful and tender with involvement of the uterus and adnexa and the malignant ulcer is generally indurated and single. But the diagnosis of amoebic infection of genital tract rests on the demonstration of the amoebae and subsequently the response to its specific treatment.

Summary

A case of amoebiasis of cervix and vagina has been reported. Its diagnostic criteria have been discussed and response to treatment was good.

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See Fig. on Art Paper IV