

AMOEBIASIS OF THE UTERINE CERVIX MIMICKING CARCINOMA

(A Case Report)

by

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Introduction

Amoebiasis of the female genital tract is not a common condition even in countries where amoebiasis is endemic. There are only 75 cases of amoebiasis of the female genital tract reported so far in the English literature. Eventhough amoebiasis is endemic in India there are only very few reports from India of genital amoebiasis in the female. The rarity of the condition makes this case interesting.

CASE REPORT

G. 40 year old female reported to the out patient clinic of the department of Gynaecology with a history of blood stained vaginal discharge of two months' duration. Complaint started as vaginal discharge of two months' duration. Discharge was thick mucopurulent in nature in the beginning but later on blood stained. There was pain in the abdomen. No significant history of diarrhoea or dysentery. She got married at the age of 30 but husband left her after a few days. She was working as a domestic servant ever since. She confided that she had not indulged in sex after the husband left her.

General Examination showed a well built healthy woman of about 40 years, not anaemic, not jaundiced. No generalised lymphadenopathy.

Local examination showed vulva and vagina

normal. Profuse mucopurulent discharge with slight blood staining was present. Friable ulcerated growths were seen on the cervix. Growths slightly bled on touch. Ulceration was confined to the cervix. The ulcers were not typical of malignancy. Inflammatory changes were seen on the adjacent mucosa. Lips of the cervix and the os were seen to be intact. The intact nature of the cervix, the peculiar nature of the ulcerations, the inflammatory changes in the surrounding mucosa and very peculiar nature of the discharge and above all nulliparity and lack of sexual activity were factors against a diagnosis of carcinoma. Either an amoebic infection or tuberculosis was suspected. The mucus discharge was immediately examined for *Entamoeba Histolytica*. It was found to be full of vegetative forms of E.H. A Photograph of the lesion was taken immediately. Patient was put on antiamoebic treatment. She made a complete recovery and the cervix returned to normal.

Discussion

Eventhough amoebiasis of the female genital tract is infrequent it is possible that the condition goes unrecognised in many cases. (Majumdar *et al* 1976). The high acidity of the vaginal secretion and squamous epithelium covering the genital tract offers greater resistance to infection than colon mucosa (Munguia *et al* 1966). Since amoebiasis is endemic in India clinical features like diarrhoea or dysentery may not be helpful in the diagnosis. The discharge of amoebic infection

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is very typical. It is usually mucopurulent in nature unlike the blood discharge of carcinoma. It was the peculiar nature of this discharge that made us suspect amoebic infection.

The uterine cervix is said to be involved in 70% of cases of unusual ulcerative lesions. Vagina and vulva also are occasionally involved. Genital amoebiasis and malignancy can co-exist. Genital amoebiasis secondary to anal intercourse has

been reported. Poor genital hygiene can also lead to contamination and infection. The condition is very easy to diagnose and treat.

References

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See Fig. on Art Paper IV

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