VAGINAL AMOEBIASIS

by

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Amoebiasis of the vagina is an uncommon condition although incidence of amoebiasis as a whole is quite common in the tropical countries. Some cases of amoebiasis involving the vulva, vagina and cervix have been reported in the literature from different parts of the world including areas where incidence of amoebiasis is low. The following 4 cases came to the department of Obstetrics and Gynaecology, Gauhati Medical College between 1972 to 1977.

CASE REPORTS

Case 1

Mrs. R.K., Aged 50 years, P_6 + O was admitted on January 20, 1972 with the history of foul smelling vaginal discharge for 7 months. On examination her general condition was fair. There was foul smelling purulant vaginal discharge. A linear ulcer was seen in the anterior vaginal wall which bled on touch. Cervix looked healthy. The uterus was retroverted, normal in size. Vaginal examination was tender. Scraping from the ulcer and a swab from the vagina revealed vegetative forms of Entamoeba Hystolytica in large numbers along with pus cells and RBC. Diagnosis of vaginal amoebiasis was made. Biopsy from the ulcer did not reveal Entamoeba Hystolytica. Stool examination-NAD. Sigmoidoscopy did not reveal any ulcer. Milking of the urethra and examination of the discharge was done but E.H. was not found. The case was treated with Metronidazole 200 mg. thrice daily for 10 days. The symptoms improved within a few days and a repeat examination of the vaginal discharge after 7 days did not reveal any E.H. The ulcer healed completely and the discharge disappeared after 10 days. The patient was discharged on the 12th day. She reported for check up after 6 weeks and was found well.

Case 2

Mrs. J.D., Aged 45 years, P_5 + O, was admitted on 4.7-1977 with the history of foul smelling vaginal discharge for 3 months. On examination her general condition was fair. On vaginal examination a foul smelling blood stained discharge was seen. The vaginal wall was congested and tender. There were multiple ulcers in the vagina with grayish white slough at bases and irregular overhanging margins. There were two ulcers in the anterior and lateral lip of the cervix of similar character. Uterus was normal in size. Vaginal examination was painful. Scrapings from the vaginal and cervical ulcers and swab from the vagina revealed trophozoite forms of E.H. Biopsy was taken from the vaginal and cervical ulcers which showed signs of chronic inflammation but E.H. could not be demonstrated. Sigmoidoscopy did not reveal any ulcer. She was treated with Metronidazole 400 mg. thrice daily for 10 days and was cured of all

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symptoms. The ulcer disappeared on 10th day and she was discharged from the hospital on 14-7-1977. She was found well on check up after 4 weeks.

Case 3

Mrs. M.D., aged 46 years, P_{10} + O, was admitted on 20-8-1977 with the complaint of vaginal discharge for 4 months. Her general condition was good. On vaginal examination, a linear ulcer with overhanging margins was seen in the anterior vaginal wall. There was profuse white discharge. Examination of the discharge and scraping from the ulcer showed trophozoite form of E.H. No pathology could be detected on sigmoidoscopy. She was treated with Metronidazole 400 mg. thrice daily. She was cured after 12 days. The ulcer healed and vagina looked healthy. She was discharged from the hospital on 5-9-1977. She came for check up after 1 month and was well.

Case 4

Mrs. P.D., aged 55 years, Para 6, was admitted on 23-8-1977 with the history of foul smelling blood stained vaginal discharge for 2 months. She was 10 years postmenopausal. Her general health was fair. On examination a profuse foul smelling purulant discharge was found in the vagina. There was an ulcer at the posterior vaginal fornix. The uterus was found small in size and retroverted. There was no thickening of the parametrium. Vaginal examination was painful. Examination of the vaginal swab and scraping from the ulcer revealed trophozoite forms of E.H. with plenty of pus cells and R.B.C. Stool examination—NAD. Sigmoidoscopy did not reveal any ulcer. She was put on Metronidazole therapy 400 mg. tablet thrice daily for 10 days and was cured. She was discharged after 2 weeks.

Discussion

Amoebic infection of the female genital tract is a rare disease. Hegnar (1929) first reported the finding of Endolimax Nana in the vagina of Rhesus Monkey. De Rivas (1944) reported the first case of amoebic vaginitis in the United States. Rao and Prasunamba (1967) found only 24 recorded cases of amoebiasis of the vagina and cervix in the literature. Gogoi (1969) reported 2 cases of amoebiasis of the female genital tract, in one of which there was involvement of vulva, vagina and cervix. Gogoi (1972) reported 2 more cases of amoebic ulcer of the vagina and cervix. Weinstein and Weed (1948) stated that the cervix is involved in 70%, the uterus in 15% and vagina in all cases.

The incidence of amoebiasis of the female genital tract will be high in parts of the world where amoebiasis is prevalent. Some patients may not give a history of amoebic dysentry. Stool examination, as in these cases, may not reveal Entamoeba Heptolytica. A thorough investigation in cases of intestinal amoebiasis may reveal a higher incidence vaginal infection. All the patients in this group were above 45 years of age, but from the reported cases so far, it appears, it has no relation with age or parity. Close proximity to the anal canal and a lax vagina may contribute as etiological factors. The main symptoms suggestive of this disease is a foul smelling copious vaginal discharge which may, at times, be blood stained. The foul smell is probably due to secondary infection. The ulcers are typically linear and irregular with overhanging margins. These ulcers, specially those in the cervix may be confused with carcinoma. Tenderness on vaginal examination is a significant feature.

A vaginal swab and scraping from the ulcer reveals the Entamoeba Hystolytica in the vegetative form. Biopsy from the ulcer may also show trophozoite forms in the tissue. The condition may be clinically confused with carcinoma, tuberculosis and soft chancre. Milking of the urethra and examination of the discharge may also reveal E.H. Regular careful examination of all cases of vaginal discharge will lead to detection of more cases.

The disease can be treated with Emetine hydrochloride. All the 4 cases reported here were, however, treated with Metronidazole and they responded well. No local treatment is necessary.

Summary

Four cases of vaginal amoebiasis have been reported. This is an uncommon disease. It gives rise to a foul smelling vaginal discharge and ulcer in the vagina and sometimes in the cervix. Diagnosis is confirmed by revealing E.H. by microscopical examination of the vaginal discharge and scrapings from the ulcer. The disease can be treated with Metronidazole and also with Emetine hydrochloride.

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