AMOEBIASIS OF THE UTERINE CERVIX AND VAGINA MIMICKING CARCINOMA

(A Case Report)

by

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Amoebic infection so commonly seen in the tropics and subtropics, manifests itself usually in the form of colitis or hepatitis. Amoebiasis of the female genital tract is an uncommon condition, some cases of amoebiasis involving the vulva, vagina and cervix have been reported in the literature from different parts of the world. Quite a few cases are reported from India by Sinha (1961), Talwarkar and Israel (1962), Kalyanikutty and Verghese (1964). The rarity of the condition makes this case interesting.

CASE REPORT

Mrs. L.B., aged 24 years, was admitted on 27-2-1979 at Govt. Medical College, Nagpur as a case of carcinoma cervix with a history of vaginal bleeding off and on and vaginal discharge of three months' duration. Discharge was thick mucopurulent and blood stained in nature. There was pain in abdomen. No significant history of diarrhoea or dysentery.

Menstrual history

Her previous menstrual history was regular.

Obstetric history

Married 9 years back. She had 2 full-term normal deliveries. Last child birth was 5 years back.

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On examination

Well nourished woman. Cardiovascular and respiratory systems were normal. No mass palpable per abdomen.

Local examination

Vulva appeared normal. There was profuse blood stained purulent discharge escaping from the vagina. The discharge was foul smelling Friable ulcerated growth about 1½" to 1" in diameter was seen on the anterior lip of the cervix. There were 2 ragged, linear, snailtrack ulcers 1-2 cms. long on the posterior fornix and posterior vaginal wall. The ulcers were not typical of malignancy. Inflamatory changes were seen on the adjacent mucosa. Uterus was retroverted, normal in size, mobile. On rectal examination parametrium was free. The young age of the patient, the peculiar nature of the ulcerations, the inflammatory changes in the surrounding mucosa and very peculiar nature of the discharge were factors against a diagnosis of, carcinoma. Either an amoebic infection or tuberculosis was suspected.

Investigations

Blood: Haemoglobin—10 gms.%, T.L.C. 9000/cmm. Polymorphs—72%, lymphocytes 22%, cosinophils 3%, monocytes 3%, and KT VDRL. Negative. ESR 22 mm/hr.

Urine: Showed no abnormality.

Stool: Was positive for Entamoeba histolytica.

X-ray chest was within normal limits.

Endometrial biopsy—Early secretory phase—no evidence of T.B.

Biopsy: On two occasions biopsy from the cervical growth and both the ulcers were taken. The sections did not reveal any abnormality except chronic inflammation. Neither of the

sections showed any changes of malignancy nor of specific granuloma.

Microscopic examination of the vaginal discharge showed plenty of actively motile, entamoeba histolytica along with pus cells and red blood cells. A smear stained with papanicolaou stain also showed amoeba with ingested red blood cells.

A diagnosis of amoebiasis of cervix and vagina was made. She was treated with Metronidazole 400 mg. thrice daily for 10 days. She was completely cured after 15 days. The cervical growth disappeared the ulcers healed and vagina looked healthy. She was discharged from the Hospital on 25-3-1979. She come back for check up after one month and she was well.

Discussion

From the reported case, it seems reasonable to suspect amoebiasis when a patient of the younger age group complaining of blood stained purulent discharge per vaginam is on examination found to have growth or ulcers on cervix and vagina. The other common condition of ulceration in this age group to be given consideration is syphilis, but here the lesion is usually single and vaginal chances are very rare. Tuberculosis of cervix should always be excluded by biopsy. In older age group of patients with ulcers and purulent vaginal discharge carcinoma is an important condition to be differentiated and case referred as carcinoma and later proved to be amoebic ulceration has been reported (Talwarkar and Sarah Israel 1961).

From the reported cases so far it appears it has no relation with age or parity. 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 may protect the genital tract from the infection in the gastrointestinal tract.

Amoebiasis of the genital tract responds very well to the specific treatment and so the diagnostic importance of this condition is obvious.

Summary

A case of amoebiasis of cervix and vagina mimicking carcinoma has been reported. This is a rare infestation and if diagnosed responds promptly to specific treatment.

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References

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