A CASE OF VAGINAL TUBERCULOSIS (PRIMARY LESION?)

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Introduction

Tuberculosis of vagina and vulva is extremely rare, comprising 1% of the cases of genital tuberculosis (Schaefer, 1976). Among them primary lesions are most uncommon (Haines and Taylor, 1975).

The reported cases of vaginal tuberculosis was the only tuberculous lesions of the external genitalia in the files of the Department of Pathology of Dr. Sampurnanand Medical College, Jodhpur during a period of 12 years (1968 to 1980).

CASE REPORT

S., 30 years old Hindu female was admited to the Gynaecology Unit of the institution for dysparunia and infertility. The patient was married at the age of 12 years and she conceived at the age of 24 years, delivering a normal male baby, since then she had no conception. The menstrual history was normal, and there was no history of lower abdominal or pelvic pain. On examination, vaginal wall was found to have multiple indurated nodular growths and multiple shallow and shaggy ulcers with yellowish necrotic bases; the lesions were particularly marked on posterior vaginal wall. Cervix was normal. Uterus was retroverted, retroflexed, free and of normal size. Bimanual examination did not reveal any lump or nodular swelling around the uterus. There was no ascites. Other systems, were found to be normal. Routine examinations of blood and urine had normal findings, except for a rise in E.S.R. to 25 mm. during first hour by Westergren method and haemoglobin value of 10 gram per cent.

Clinically, the case was suspected to have vaginal tuberculosis. Diagnostic endometrial curettage and biopsy from posterior vaginal wall were obtained. On histological examination, vaginal biopsy came out to have typical lesions of tuberculosis and numerous acidfast bacilli were observed in the lesion by Ziehl Neelsen staining method. Several sections of the endometrium were examined, and were found to have a normal histologial picture of late secretory phase without any evidence of inflammation of any kind. Subsequent upon the histological diagnosis, X-ray of the chest was performed, which excluded the pulmonary tuberculosis. Hysterosalpingography and laparotomy were not carried out. Antituberculous drug treatment was instituted to the patient.

Discussion

Genital tuberculosis is almost invariably secondary. The lungs and other sites of the present case were not found to have tuberculosis. Infertility and multiple confluent vaginal lesions, consisting of nodular growths and shallow and shaggy ulcers with necrotic yellowish

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bases, aroused clinical suspician of tuberculosis. Primary tuberculous vaginitis may occur in a woman passing tubercle bacilli in her stool or urine and possibility of male sexual partner transmitting the disease has also been expressed.

It appears that the present case is a primary lesion; but it could not be confirmed for want of periodic examination of endometrium, both histologically and bacteriologically and finally, if required, by histological examination of fallopian tubes, since there was no follow-up study of the present case.

Summary

An extremely rare case, the tuberculosis of vagina (most likely a primary lesion), is described.

References

1. Schaefer, G.: Clin. Obstet. Gynec., 19: 223. 1976.