

TUBERCULOSIS OF CERVIX IN CENTRAL INDIA

by

S. K. BOBHATE

G. P. KEDAR

and

MUKTA KHERDEKAR

SUMMARY

Twenty-six cases of tuberculosis of Cervix were studied which accounted to the incidence of 0.27% in this central part of India. The proliferative type of tubercular lesion was the commonest finding (65.4%). The tuberculosis of Cervix was mostly observed in endocervical region (84.6%). Glandular hyperplasia, mucin secretion in endocervical glands and a large basal vacuole displacing the nucleus were also observed. The acid fast bacilli were observed in only 1 case.

Introduction

The prevalence of female genital tuberculosis is varying from country to country. In India, it is said to be higher as compared to those of Western countries.

Material and Methods

Three hundred and Seventy four cases of tuberculosis of female genital tract were diagnosed histopathologically in the department of Pathology in Government Medical College Nagpur during the period of 1973 to March 1984. Out of these, 26 cases were from the tuberculosis of cervix. During this period, the total number of gynaecological specimens in the form of hysterectomy specimens and cervix biopsies received were 9526. The complete clinical records of these patients were noted. The sections of the tissues were processed as routinely

and were stained with Haematoxyline and Eosin. method. For the demonstration of Mycobacterium tubercle bacilli, a modified Ziehl-Neelsen stain was applied.

The tubercular lesions were classified into proliferative, exudative and mixed type. The detailed histopathological examination of Cervix was performed.

Results and Discussion

Tuberculosis of cervix is considered to be rare. It is said that endometrium is very susceptible to tuberculosis. The cervical mucous membrane is comparatively immune to tuberculous infection due to the inability of the bacilli to penetrate the squamous epithelium of portio vaginalis and resistance of Cervix due to increased vascularity (Paranjothy 1971).

The prevalence rate of tuberculosis of cervix was 6.95% of genital tuberculosis (26/374) in present series. However, the total incidence of tuberculosis of cervix in

From: Department of Pathology, Government Medical College, Nagpur, Maharashtra.
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present series was 0.27% (26/9526). Kirloskar *et al* (1968) and Sathe *et al* (1979) from India reported the incidence of cervix tuberculosis as 13.4% and 2.6% respectively. The highest incidence of 41.8% from India was observed by Paranjothy (1971). In Western countries it is reported to be 5 to 15% (Schaefer 1976) and 24% (Nogales Ortiz *et al* 1979).

The involvement of tuberculosis of cervix was mostly restricted to endocervical mucosa (84.6%) whereas the ectocervix was affected only in 15.4% of cases in the present study. Haematogenous spread from the infected fallopian tube has been described (Nogales Ortiz *et al* 1979). Direct spread from endometrium to cervix has also been described (Paranjothy 1971). Govan (1962) suggested that the absence of cyclical shedding of the cervical mucosa might reinfect the endometrium and thus continue the infection. The endocervical glandular hyperplasia, mucin secretion in endocervical glands and a large basal vacuole displacing the nucleus apically were commonly observed. The similar type of findings were also observed by Nogales Ortiz *et al* (1979).

The proliferative type of tuberculous lesion was observed in 65.4% of cases and was the commonest finding. The exudative

and mixed type of lesions were observed in 19.2% and 15.4% of cases respectively in present series.

The diagnosis of tuberculosis should be based on the demonstration of acid fast bacilli because the epitheloid granulomas represent a non-specific form of inflammation (Adams 1976). However, it is said that the bacilli are very rarely found in endometrium and cervical granulomas even with the use of fluorescent technique (Nogales Ortiz *et al* 1979). In present series, acid fast bacilli were demonstrated in only one case (3.8%).

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