

# CERVICAL TUBERCULOSIS SIMULATING CANCER CERVIX

(Report of 3 Cases)

by

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## Introduction

Cauliflower and ulcerative lesions of cervix which bleed profusely on touch are considered usually as malignancy and directed to the cancer hospital. Here we present such 3 cases which were highly suspicious of carcinoma cervix clinically but biopsy revealed them as tuberculosis of cervix.

As prognosis and treatment is completely different in both the diseases, it is very important to diagnose and differentiate tuberculosis of cervix from cancer cervix.

## CASE REPORTS

### Case 1:

I.S., 22 year old girl came for leucorrhoea since 6 months. Her periods were regular at 35 days interval with scanty flow. Her married life was 1 year and she was multiparous.

She was severely anaemic. Speculum examination revealed big cauliflower growth replacing cervix, with bleeding on touch. There was induration in both parametria and clinically she was diagnosed as a case of cancer cervix stage III B.

Her Hb. was 4.0 gm%, TT + 20 ESR 28 mm/hr. Ba meal and follow-up was normal. All other routine investigations were normal.

Her biopsy report revealed diagnosis as caseating granuloma mostly of tuberculous origin

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with marked secretory activity of endocervical gland.

She was put on ethambutol, isonex and rifampicin.

### Case 2:

Anjana, 30 years old, came for leucorrhoea and burning micturition since 6 years and post coital bleeding since 2 years. She had secondary amenorrhoea. She had 3 FTND. Her general condition was normal.

P/S revealed big bulky exophytic growth replacing cervix. All fornices were obliterated. Left parametrium was thickened, She was diagnosed clinically as a case of cancer cervix II A.

X-ray chest showed pneumonic patch. ESR was 8 mm/hr. Other routine investigations were normal.

Histopathology report of cervical biopsy was granulomatous inflammation suggestive of tuberculosis.

There was no other evidence of T.B. anywhere in the body.

She took antitubercular treatment for one and half year. The exophytic growth disappeared completely, but ulceration on cervix remained after the treatment.

### Case 3:

A 24 year woman was referred for pain in abdomen and secondary amenorrhoea. Since 3 months. Her previous periods were scanty and irregular. Her married life was of 8 years. She had no issue.

General examination was normal. On speculum examination cervix was suspicious looking and bleed on touch. There was small

growth on anterior lip of cervix involving anterior vaginal wall. Both parametria were indurated.

All the routine investigations were normal. Cervical biopsy revealed granulomatous inflammation with caseation consistent with tuberculosis.

Discussion

Three cases of tuberculous cervicitis are presented without detection of primary

Koch's lesion anywhere in the body. From these 3, 2 cases have history of secondary amenorrhoea and the third one had scanty menstrual flow. This is first group of patients.

When exophytic growths on the cervix is associated with sterility and secondary amenorrhoea, diagnosis of tuberculous cervix should be kept in mind.

See Figs. on Art Paper IV