

GENITAL TUBERCULOSIS IN WOMEN

By

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SUMMARY

A study of 71 cases of genital tuberculosis in women is presented. A history of previous extragenital tuberculosis was obtained in 41 (57.65%) cases. The Principle complaints were infertility in 25 (35.22%) cases, amenorrhoea in 14 (19.72%) cases, menorrhagia in 12 (16.9%) cases, and pain in lower abdomen in 16 (22.53%) cases. The endometrium was involved in 82% cases, the fallopian tubes alone in 14% cases and the cervix alone in 5.64% cases. The diagnosis was based on histopathological evidence of tuberculosis.

Introduction

Tuberculosis is much more common in our country than the developed countries. Genital tuberculosis is not seen as often as other forms of tuberculosis e.g. pulmonary tuberculosis. Genital tuberculosis is capable of varied modes of presentation and a high degree of suspicion aided by intensive investigations is required to diagnose this condition in some patients. It also has a deleterious effect on the reproductive function of the woman (Poland, 1965; Snaith and Barns 1962). The main aim of the present investigation was to study the natural history of female genital tuberculosis and abdominal tuberculosis in our population.

Material and Methods

The patients presenting at the Gynaecological out-patients department of

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Accepted for publication on 27-11-86.

K.E.M. Hospital, Parel, Bombay from 1st January 1981 to 30th June 1986 were screened for past history of tuberculosis or contact with tuberculosis, history suggestive of active tuberculosis at the time of presentation and any patients with tuberculosis under treatment. Thorough abdominal examination and bimanual pelvic examination were carried out for detection of any evidence of tuberculosis. Investigations performed included haemogram, chest radiograph (P-A view), sputum for tubercle bacilli when appropriate, cervical exfoliative cytology and histopathological examination of the material obtained by dilatation and curettage, laparoscopic biopsies and cervical biopsy when appropriate.

Results

There were 71 cases of genital tuberculosis. The disease was diagnosed in 67.61% cases between the ages of 24-34 years and 32.39% cases after 34 years, the mean age at the time of diagnosis being 23.3 years. Out of 71 patients 7

(9.86%) were not married. Table I shows the clinical presentation of these patients infertility (35.22%), lower abdominal and pelvic pain (22.53%), amenorrhoea (19.72%) and menorrhagia (16.9%) were common symptoms. Three cases (4.23%) had a history of tubal ectopic gestation in the past. Nine (12.68%) cases were referred for laparoscopy from the medical and surgical departments for suspected abdominal tuberculosis.

TABLE I
Principle Symptoms

Symptom	No. of cases	Per cent
Infertility		
— Primary	19	26.76
— Secondary	6	8.45
Amenorrhoea		
— Primary	4	5.64
— Secondary	10	14.08
Menorrhagia	12	16.90
Pain	16	22.53
Post Coital spotting	4	5.64
Total	71	100.00

The clinical findings of these patients are shown in Table II. Adnexal masses (32.38%) and pelvic adhesions (29.58%) constituted important findings. Extragenital tuberculosis was present in 47 (66.2%) cases, of which 21 (29.58%) had pulmonary tuberculosis, 18 (25.35%) had abdominal tuberculosis, (5.64%) had renal tuberculosis, (2.82%) had cervical tuberculous lymphadenopathy and 2 (2.82%) had erythema nodosum. Out of 47 cases, 8 (17.02%) had concurrent disease and 39 (82.98%) had previous disease. There was no extragenital tuberculosis in 24 (33.8%) cases.

The E.S.R. was elevated in only 42 (59.14%) cases. Lymphocytosis was

TABLE II
Clinical Findings

Clinical findings	No. of cases	Per cent
Pelvic adhesions	21	29.58
Adnexal mass		
— Unilateral	10	14.08
— Bilateral	13	18.30
Cervical ulcer	4	5.64
Ascites	9	12.68
Pulmonary tuberculosis	21	29.58
Scars of Cervical lymphadenopathy	2	2.82

present in 49 (60.01%) cases. Laparoscopy, combined with dilatation and curettage was performed in all cases. Cervical biopsy was done in 4 (5.64%) cases. Laparoscopic biopsy of peritoneal lesions was done in 9 (12.66%) cases. Histopathological evidence of tuberculosis was obtained in all the cases. Microbiological confirmation of the diagnosis was not done due to lack of adequate facilities.

The laparoscopic findings of these patients are shown in Table III. Dense pelvic adhesions were present in 33 (46.48%) cases, tubercles in 24 (33.80%) cases, adnexal masses in 23 (32.39%) cases and encysted effusion in 6 (8.45%) cases. Ascitic tapping had to be done prior to laparoscopy in 9 (12.68%) cases.

TABLE III
Laparoscopic Findings

Laparoscopic findings	No. of cases	Per cent
Pelvic adhesions	33	46.48
Tubercles	24	33.80
Adnexal masses		
— Unilateral	8	11.27
— Bilateral	15	21.12
Encysted effusion	6	8.45
Lesions on bowel and/or omentum	18	25.35

Discussion

Female genital tuberculosis is a disease that is notorious for evading diagnosis. However with advances in diagnostic facilities like laparoscopy and hysteroscopy, a significantly greater number of cases can be diagnosed.

Though genital tuberculosis is usually secondary to disease at an extrapelvic site, the primary site of infection may not always be detected. In our series the primary site was detected only 66.2% cases.

The laboratory investigations said to be characteristic of active tuberculosis are not necessarily so in female genital tuberculosis. In our series the E.S.R. was elevated in only 59.14% cases and lymphocytosis was seen in 69.01% cases.

Microbiological studies of cervical discharge, menstrual blood or endometrium yield greater number of positive results (Halbrecht, 1958; Hok and Lock, 1967; and Israel, 1963).

It is possible that owing to lack of such facilities, a few cases of genital tuberculosis were missed in the present series. However the risk is quite small as endometrial sampling by dilatation and curet-

tage was combined with laparoscopy in all the cases.

Conclusions

Female genital tuberculosis is a disease of varied symptomatology and pathological findings. A high degree of suspicion and efficient investigations including laparoscopy are important in the diagnosis of the disease.

Acknowledgement

We thank the Dean of K.E.M. Hospital and Seth G. S. Medical College for allowing us to publish hospital data.

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TABLE II
Laboratory Investigations

Investigation	Number of Cases	Percentage
E.S.R. elevated	11	59.14%
Lymphocytosis	13	69.01%
Primary site detected	10	66.2%
Microbiological studies positive	15	78.9%