

MYCOTIC ENDOMETRITIS DUE TO CANDIDA

(A Case Report)

by

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Introduction

In spite of the relatively frequent occurrence of systemic mycosis in combination with antibiotic and immunosuppressive therapy, and the frequent presence of fungi in vaginal flora, few primary mycotic endometritis have been reported in the literature. A case of primary mycotic endometritis due to *Candida* without systemic mycosis was encountered in a 28 year old woman after prolonged oral pill administration. The purpose of the study is to report this unusual histologic finding and discuss possible etiologies.

Case Report

A 28 year old female 2nd gravida was admitted for investigations for secondary sterility.

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She had been on oral pills-oestrogen progesterone combination for 5 years and had stopped it for the last 2 years. She had not conceived after that.

Endometrial curetting was done and sent for histopathological examination. Cultural studies of endometrial curetting could not be done as the material was sent in formalin. Vaginal cytology revealed mild inflammatory smear.

Pathological Report

The specimen received was in multiple small friable grayish black pieces. On microscopic examination with H & E stain it was observed that there were few endometrial glands admixed with inflammatory exudate. The inflammatory exudate comprised of eosinophils, lymphocytes and plasma cells. Hyphae and spores were seen surrounded by dense inflammatory reaction. The mycelia were periodic acid-Schiff and silver stain positive (Gomori Methenamine silver). The possibility of contamination was eliminated as the fungal hyphae were seen in the midst of dense inflammatory exudate.

See Fig. On Art Paper VI