

# MICROFILARIA IN A CASE OF POST-MENOPAUSAL BLEEDING

(A Case Report)

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## Introduction

It is possible that microfilaria larvae were present in the capillaries and lymphatics under the mucosa of the cervix. Scraping by wooden statula (Ayres) caused abrasions, thereby picking up the larvae in the smear. It can be speculated that the mechanical action of the parasites in the genital tract and their secreted toxins could cause the mucosal lesions (local inflammatory reactions and epithelial ulcerations) observed.

The present case appears to be the first reported in which microfilariae were found in the cervical smear of a woman complaining of postmenopausal bleeding in whom genital malignancy was ruled out. More gratifying is the fact that she got cured by a course of the microfilaricidal drug, Diethyl Carbamazine and to date is symptom free.

## Case Report

Patient, aged 55, 12 years postmenopause. She was para 7 + 0 with 4 live children, the

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*Accepted for publication on 14-4-86.*

last child being 20 years old. She complained of vaginal discharge which was occasionally blood stained, fever with rigors and swelling of the right foot for the last 15 days.

On pelvic examination, the uterus was retroverted, small in size and mobile. Adnexae were not enlarged, cervix was flushed with vaginal vault. The cervix and fornices were acutely congested. Thick mucopurulent blood stained discharge was present. Her Hb. was 10 gm.%, moderately increased bronchovascular markings. Repeated peripheral blood smear examination failed to reveal microfilaria. A cytological examination of cervical smear stained with papanicolaou method revealed a blood stained inflammatory exudate with some cells showing severe atypia, the pattern being atrophic. Quite a few microfilaria of *Wuchereria Bancrofti* species were also seen (sheathed larvae with terminal 5% length of tail free from nuclei) (Fig. 1). There was no evidence of malignancy. Uterine malignancy was excluded by a diagnostic curettage and cervical biopsy. The patient was given a full course of Diethyl Carbamazine. On follow-up after 3 weeks, her cervix and vagina had become absolutely normal in appearance, her massive eosinophilia had become absolutely normal in appearance, her massive eosinophilia had subsided, along with the amelioration of her symptom of discharge. Repeated smears in follow-up visit since then have not shown presence of microfilaria or atypical cells so far.

*See Fig. on Art Paper VII*