

## Tuberculosis Cervix

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A 30 year old, para 3 presented to gynaecology out-patient department of Kasturba Hospital, Manipal with history of 3 months amenorrhoea, abdominal pain and white discharge (not foul smelling) since 5 months. On further questioning patient gave history of evening rise of temperature since 5 months and marked loss of weight and appetite since last 2 months. Patient also complained of occasional cough. She was diagnosed as a case of carcinoma cervix elsewhere and was referred to us.

Last childbirth was 2 years ago. She resumed cycles after 1 year and then had menorrhagia followed by 3 months amenorrhoea.

General examination showed her to be thin built emaciated with mild pallor. Cervical and supraclavicular lymph nodes were palpable on right side. Bilateral fine crepitations were present in both lung fields on auscultation. Tenderness was present all over the abdomen. On per speculum examination, the entire cervix was replaced by a growth of 4x5 cm (Figure 1). A punch biopsy was taken to rule out carcinoma cervix. A diagnosis of tuberculosis of cervix was entertained as the cervix was not friable. On pervaginal examination uterus was normal size cervix hypertrophied and fornices were free. On per rectal examination the parametrium was fibrosed on both sides.

After admission patient had daily spikes of temperature. Haemoglobin was 9.1 grams %. Total leucocyte count was 10,300 with neutrophils 75% lymphocytes 25% and ESR 45 mm per hour. HIV Elisa was negative. Mantoux test was negative. Chest Xray revealed miliary mottling. Cervical swab showed acid fast bacilli under fluorescent microscopy. Aspiration cytology of supraclavicular lymph node was suggestive of tuberculous lymphadeni-



Per speculum examination showing Tuberculosis of the cervix.

tis. Cervical biopsy showed caseation necrosis, few clusters of epitheloid cells and granulation tissue composed of dense acute and chronic inflammatory infiltrate. Acid fast bacilli were present.

Patient was put on antitubercular drugs and within 1 month her general condition improved and the cervix appeared healthy.

This case was referred to us as carcinoma cervix but because of her age, general condition and symptoms, tuberculosis of cervix was suspected, diagnosed and treated.