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# A Rare Case of Myoma of Uterus Associated With Extensive Genital Tuberculosis

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Myoma of the uterus may undergo various types of degenerations, but association of tuberculosis in this condition has not been documented as yet, to the best of our knowledge. Here we present a case which had extensive tubercular degeneration of the myoma and the rest of the myometrium extending upto the serosal surface with tuberculosis of both the fallopian tubes, ovaries and cervix with hardly any disease free area.

A 36 years old woman was admitted through the Gynec OPD at J. N. Medical College Hospital, Aligarh on 14/3/98 with c/o pain during menses – 10 months, and oligomenorrhoea – 4 months. There was past H/O menorrrhagia for 6 years. She was married for the past 16 years and had never conceived. O/E : pallor+, vitals stable. P/A: uterine lump of about 16 weeks pregnant uterus size, tender. P/V: 16 weeks size uterus, B/L fornices thick.

Investigations: Wt – 44 Kg, Hb% - 9gm%, TLC-11,000/cum, DLC – P54 L44 E2, ESR – 500 mm in 1st hour RFT, urine WNL, X-ray chest, semen analysis of husband – all WNL, Mantoux test –ve. Pap's smear: a few neutrophils and occasional lymphocytes seen with superficial and intermediate cells. USG: posterior uterine wall myoma of 12.5 x 6.5 cm. She underwent premenstrual D & C on 19/3/98 in which very scanty tissue was obtained and no histopathological opinion could be formed. Following this procedure, the patient developed very high fever with chills and rigors and she left the hospital against medical advice, where after she sought treatment by several local practitioners. On readmission to this hospital on 2/12/98, a myomectomy/ hysterectomy was planned.

**Operative findings :** There were multiple omental and bowel adhesions and the uterus was fixed. A myoma of about 12.5x7.5 cms, was seen in the posterior wall of the uterus. On cut section, multiple tubercular caseous abscesses 1-1.5 cm in diameter were found filling the whole of the myoma as well as the uterine wall (Fig. 1). Both tubes were dilated and thickened, showed lead pipe rigidity, had a nodular appearance and their lumen was filled with caseating materrial. A small left sided ovarian cyst was removed and biopsy was also taken from the right ovary. The uterus was removed along with both the tubes. The histopathological examination showed extensive confluent necrotic and caseating chronic granulomas infiltrating the myoma, cervix, myometrium, endometrium, both the tubes and left ovarian cyst. The biopsied tissue of the right ovary showed few tuberculomas. The granulomas showed central necrosis surrounded by epithelioid cells, Langhan type of giant cells and a rim of lymphocytes and fibroblastic tissue (Fig. 2).

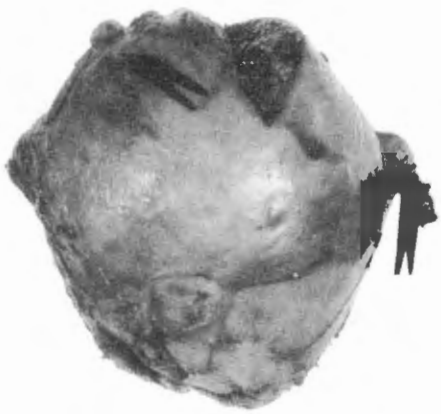

Fig. 1: Specimen of uterus showing the myoma

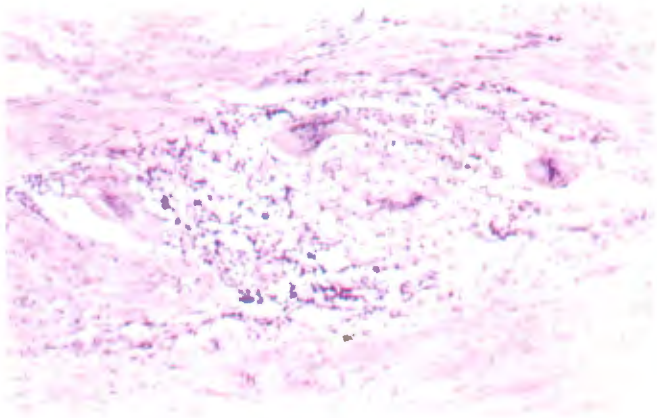

Fig. 2: Section of myoma showing chronic granulomatous infiltration

Post operatively, the patient was put on ATT (4 drug regime) and is responding well to the treatment. She has gained 2 kg weight in 6 weeks' time, is afebrile and her haemogram shows: Hb% - 10.5 gm%, TLC – 8,000/ cumm, DLC-P60 L40, ESR – 25 mm in 1st hour.

Thus, it seems to be a rare case of extensive infiltration of the myoma and female reproductive organs with tuberculosis and very few signs and symptoms, myoma being the predominant clinical presentation which could be diagnosed only per operatively.