## Genital Tuberculosis: A Rare Cause of Recto-Vaginal Fistula in a Young Girl

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Ms FA, a 15 year old unmarried girl presented in gynae OPD with complaints of amenorrhoea for 3 months, fever for 3 months, pain in abdomen for one month and passage of stools per vaginum for last 4 days. There was no history of sexual activity, instrumentation or handling by a dai or nurse.

On examination: She was pale and anaemic. Pulse was 100 per minute, BP 110/70mmHg. Temperature was 38.5 C. Heart and Chest were clinically normal. Abdominal examination did not reveal any abnormality. Speculum Examination: Faecal matter was seen coming through a one cm hole in the posterior fornnix.

**Vaginal Examination:** Cervix was small, uterus was retroverted and small sized. A fistulous opening was felt in the posterior vaginal wall one cm in diameter with puckered margins and it was posterior to the cervix.

Per vaginal and rectal examination revealed a hole about 5cm from anal margin and the same was felt on vaginal examination.

On proctoscopic examination a large fistula was seen in the vault of vagina through which the proctoscope could be seen coming from rectum.

## Investigations:

Haemoglobin 6gm%

TLC - 7000/cmm

DLC - P70L30

ESR – 50mm in Ist hour

Blood group: O negative

Blood urea: 30gm%

Serum electrolytes: Na: 130mEq/L

K4.0mEq/L

Chest Xray: Normal

Xray Abdomen: No intestinal obstruction

ELISA test for tuberculosis: Positive

Endometrial biopsy confirmed the histological diagnosis of endometrial tuberculosis although culture for AFB was negative.

Treatment: She received two units of blood and was started on anti-tuberculosis treatment in the form of isoniazed, rifampicin, pyrazinamide and ethambutol, for 3 months followed by first two drugs for another 6 months. After completion of antituberculosis treatment she was operated upon with excellent results. On follow up, there was no evidence of fistula left and she was doing well