

Cervical Tuberculosis Masquerading as Cervical Carcinoma: A Rare Case

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Summary

Genital tuberculosis is common in India and is responsible for about 10% infertility cases, affecting mainly fallopian tubes and endometrium. Isolated cervical tuberculosis is a rare entity and patient can present with post coital bleeding and can be confused with carcinoma cervix. We are presenting a case of cervical tuberculosis, which is presented clinically as carcinoma cervix.

Case report: Mrs MD 60 years old lady, menopausal for 14 years presented in our gynecological outpatient department with history of post menopausal bleeding. She was also complaining off and on of fever and pain in lower abdomen for last three months. She had five grown up children with last childbirth being 23 years back.

On examination: She was frail and weak, pallor was present, pulse 84 per min, B.P 110/78 mmHg, heart and

chest were clinically normal, abdomen was soft with no organomegaly.

On speculum examination: cervix was hypertrophied unhealthy looking and was bleeding to touch. On vaginal examination uterus was 8 weeks size, retroverted, soft slightly tender. Fornices were free. Both parametrium were free.

Rectal examination confirmed the vaginal examination findings with free rectal mucosa. Clinical diagnosis of carcinoma cervix was made. Fractional curettage and cervical biopsy was taken. The histology showed atrophic endometrium with cervical tuberculosis and no evidence of malignancy. Final diagnosis of cervical tuberculosis was made. Patient was started on antitubercular treatment in the form of isoniazid, rifampicin, ethambutol and pyrazinamide. She was doing well on AKT and was still continuing the treatment.