

Cervical Tuberculosis Mimicking Carcinoma Cervix

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A 28-year-old para one, presented to us with post coital bleeding and polymenorrhagia for 2 months. There was no complaint of abdominal pain, dysmenorrhoea or foul smelling discharge. There was no history of contraceptive use. She was a non-smoker and there was no history suggestive of promiscuous behaviour.

On examination, general physical condition was well preserved. Systemic examination did not reveal any abnormality. Per abdomen examination was normal. Per speculum examination revealed a 1cm x 1.5cm irregular endocervical growth protruding from the ballooned out cervix. The ectocervix was congested but vagina appeared healthy. On per vaginum examination, the same growth was felt through the patulous external os. The growth was soft and friable and the cervix bled on touch. Uterus was anteverted, normal sized and mobile. Fornices were free. Per rectum examination did not reveal induration or nodularity of the parametria and the rectal mucosa was smooth and freely mobile.

Colposcopic examination of ectocervix was normal except for increased vascularity. Biopsy taken from

the endocervical growth revealed granulomatous inflammation compatible with tuberculosis but smear for acid fast bacilli (AFB) was negative. In addition there was marked dysplastic change. Both endometrial aspirate (EA) and endocervical curettage (ECC) revealed granulomas. Chest x-ray did not show any abnormality.

Treatment for genital tuberculosis was started. She received isoniazid, rifampicin, pyrazinamide and ethambutol for two months, followed by isoniazid and rifampicin for four more months. Repeat Pap smear after 6 weeks did not show dysplasia. At the end of therapy cervix was healthy and no lesion could be identified. Pap smear was normal and EA and ECC showed a complete disappearance of granulomas.

Our case emphasises that though uncommon, tuberculosis is an important differential diagnosis of a malignant appearing lesion on the cervix. This is especially true in our country with its high prevalence of tuberculosis and therefore a high index of suspicion is warranted.