

An Unusual Presentation of Postmenopausal Bleeding From Tuberculosis Cervix

Dahiya Pushpa, Agarwal Umber, Nanda Smiti

Department of Obstetrics and Gynecology Pt. B.D. Sharma, PGIMS, Rohtak - 124 001 Haryana, India.

Key words : tuberculosis, cervical tuberculosis, postmenopausal bleeding

Introduction

Tuberculosis of the uterine cervix is a rare disorder. Generally it arises as a result of genital tuberculosis, however, it may be the primary focus of the infection. This report describes a interesting case of postmenopausal bleeding secondary to tuberculosis of the cervix and its successful resolution on antituberculous therapy (ATT).

Case Report

A 60 year old widow para 3, postmenopausal for last 10 years, came to our OPD with complaint of blood tinged discharge per vaginum for two months. There were no other associated local or systemic symptoms to suggest tuberculosis or malignancy. Previous medical, surgical and gynecological history was unremarkable. General physical and systemic examinations were within normal limits. On speculum examination, the vagina was atrophic and the cervix displayed presence of multiple pinpoint to 0.5 cm sized polypoidal lesions all over its surface (Photograph 1). These would bleed on touch. On vaginal examination, the uterus was atrophic while both adnexas revealed presence of 5 x 5 cm firm, non-tender, well defined masses with restricted mobility. There were no nodules in the pouch of Douglas. Rectal mucosa and parametria were free on rectal examination. Cervical Pap smear revealed chronic inflammatory picture with many epitheloid cells mixed with multinucleated Langhan's giant cells. This picture suggested granulomatous tuberculous cervicitis which was confirmed by demonstration of acid fast bacilli (AFB) in cervical biopsy specimen in histological preparation and on culture. Endometrial and endocervical curettage excluded malignancy whereas abdominal ultrasound confirmed bilateral tubo-ovarian masses. A chest x-ray revealed old healed apical fibrotic Koch's lesion while lymphocytosis with raised ESR were found on routine hematological investigations.

She was started on standard ATT comprising of four drugs for initial two months followed later by two drugs for four months (2HREZ + 4 HR). Symptoms abated following the initial two months' therapy and speculum examination revealed normal and healthy looking cervix. Bilateral adnexal masses resolved four months later.

Discussion

Tuberculosis of the cervix has special clinical significance because its gross appearance can simulate cervical carcinoma. The chief symptoms are persistent offensive watery leukorrhoea or postcoital bleeding occurring in a woman in the 20-40 year age group. Its presentation in the postmenopausal period as a cause of abnormal vaginal bleeding has only rarely been reported. The macroscopic appearance may be papillary, ulcerative, interstitial, miliary, or polypoidal. The present case illustrates a combination of miliary and polypoidal forms. Cervical biopsy is mandatory for diagnosis. Medical treatment with effective ATT form the mainstay of therapy. Surgery is indicated in presence of persistent symptoms or clinical recurrence of lesions after an adequate course of ATT or for patients who may not continue long-term therapy and return for follow up¹.



Photograph 1 : Gross appearance of tuberculous cervicitis.

Reference

Tang LCH. Postmenopausal tuberculous cervicitis – Case report. *Acta Obstet Gynecol Scand* 1986; 65 b: 279-81.

Paper received on 21/05/02 ; accepted on 12/10/02

Correspondence :

Dr. Pushpa Dahiya

4/8J, Medical Enclave, PGIMS Rohtak - 124 001.

Tef. 01262-51432. Fax. 01262-40330. E-mail: pushpadahiya@yahoo.com