

## **CERVICAL TUBERCULOSIS CAN BE CONFUSED WITH CARCINOMA CERVIX**

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Genital tuberculosis still occurs and is difficult to diagnose.<sup>1</sup> Tuberculosis of the cervix is rare and represents only 1-5% of cases of genital tuberculosis.<sup>2,3</sup> It can be confused with carcinoma of the cervix.<sup>4</sup>

A case of cervical tuberculosis is presented, initially mis-diagnosed as a case of carcinoma cervix. After its diagnosis as cervical tuberculosis it responded to anti tuberculous treatment.

### **CASE REPORT**

A 19 years old nullipara, married for one and half year, was referred by an oncologist for opinion and management. She had irregular as well as post-coital bleeding for a few months. Patient was examined by a local gynaecologist and biopsy cervix was taken. The histopathology report showed papillary adenocarcinoma of the cervix.

On examination it was big fungating mass in the area of the cervix, which was friable, firm and would bleed on touch, the lesion was looking like a carcinoma. Uterus was of normal size and freely mobile. Considering the extreme rarity of carcinoma in this age group, repeat biopsy was decided and the slides of the previous biopsy were also reviewed. Endometrial biopsy could not be obtained due to inaccessibility. The final diagnosis on histology was chronic granulomatous inflammation consistent with

tuberculosis. Patient was put on anti-tuberculous drugs with the regimen of 4 drugs combination for two months followed by 3 drugs combination (Myrin) for 4 months. She came for monthly review.

Clinical examination followed by pap smear was performed on each monthly visit. The lesion healed quickly and there was hardly any evidence of a lesion except pus discharge from the cervix. Repeated clinical examinations within 6 months showed well healed, healthy looking cervix with no evidence of any pathology on pap smear. Later on she was investigated for infertility.

### **DISCUSSION**

Genital tuberculosis still occurs and is difficult to diagnose. Intrauterine pregnancy after treatment is very rare.<sup>1</sup> The commonest gynaecological presenting symptoms are infertility, dysmenorrhoea and deep dyspareunia. Cervical tuberculosis is rare and uncommon. It may be seen as a late secondary manifestation of advanced upper genital tract disease or very rarely as a primary on the cervix introduced by a male partner with tuberculosis epididymitis or other genito urinary disease. In the above mentioned case the primary lesion could not be detected as endometrial biopsy at initial presentation was inaccessible. Husband was absolutely healthy.

The chief clinical manifestations are foul smelling discharge and contact bleeding. The cervix may be hypertrophic and nodular without any visible lesion or proliferative, irregular, ulcerative and can be confused with carcinoma cervix. In this case the picture was that of fungating cancer like cervix, confirmed initially by histopathology. Diagnosis must be made by proper biopsy.<sup>2</sup> In doubtful cases specially in young patients repeat biopsy or second opinion must be sought

Lesion was treated with anti tuberculous drugs in combination and gave excellent result, however proper follow up is very important. Patient may be investigated for the treatment of infertility as involvement of the upper genital tract specially the oviducts is quite common.

#### REFERENCES

1. Margolls X, Wranz PA, Kruger TF, et al. Genital tuberculosis at Tyger Bery Hospital Prevalence clinical presentation and diagnosis S Af Med J 1992; 4(81): 12.
2. Goroper C, Sitvirbeg GS. The cervix: in pathology gynaecology and obstetrics 2nd edition Lippin colt JB, JLP Company 72-73.
3. Ratnam SS, Basker Rao K, Arulkumaran S, Orient Longman. Pelvic inflammatory disease, in: Obstetrics and Gynaecology for postgraduates 2: 384.
4. Tindal VR, Butterworth and Co. Tindal VR. Infection In: Jeffcoat Principal of gynaecology 5th edition.
5. Carty JM. Pelvic tuberculosis. In: clinical infections in Obstetrics and Gynaecology. Editor Allan. Black Well Scientific publications 255.
6. Edward HC. Disorders of uterine cervix. In: current Obstetrics and gynaecology Diagnosis and treatment. Editor Relpheic. Benson. 5th Edition. Long Medication publication.