

The Discrepancy Between Preoperative and Postoperative Diagnosis Results in Genital Tuberculosis

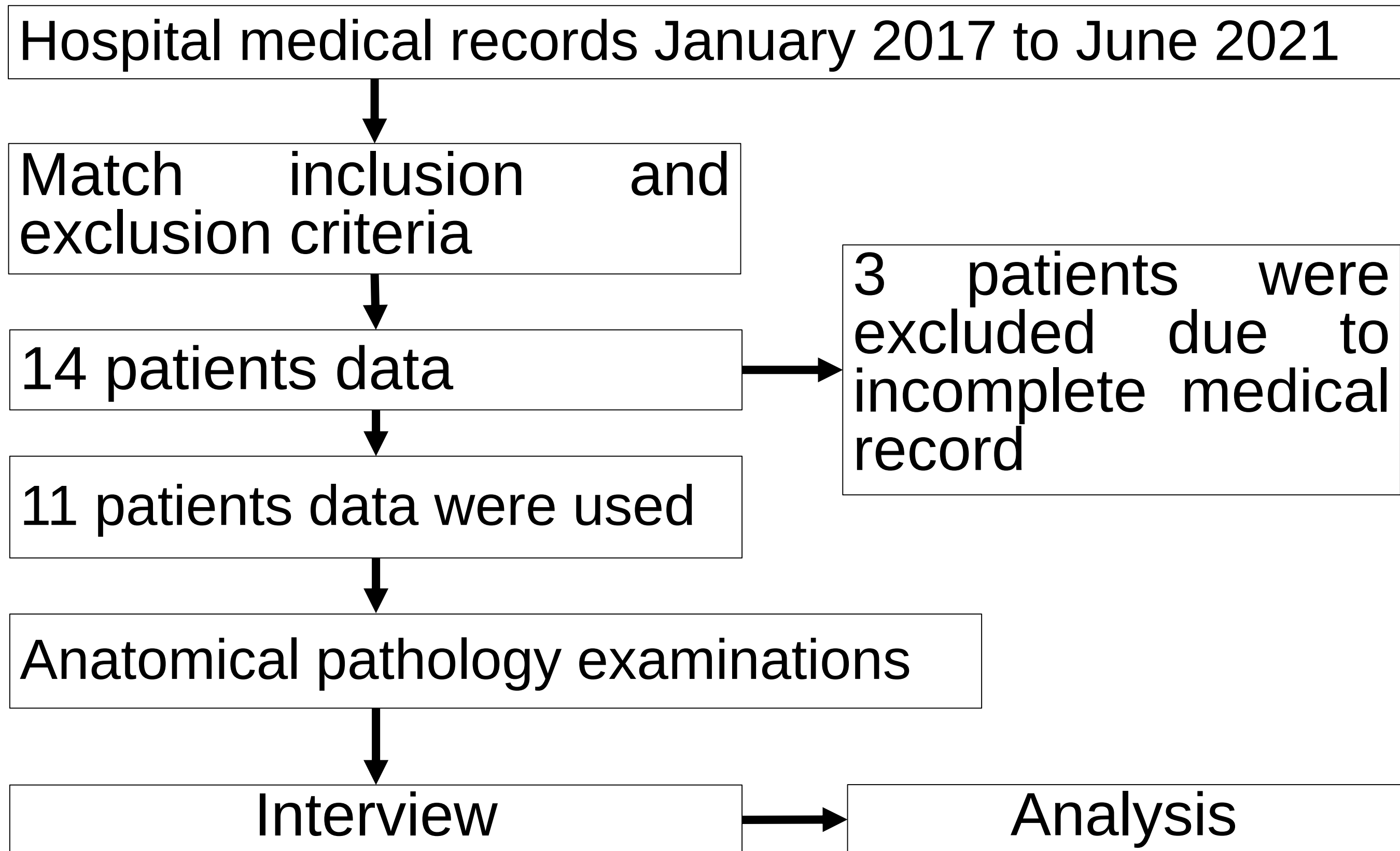


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Introduction

Tuberculosis (TB) which caused by *Mycobacterium tuberculosis* is still a severe infectious disease, with 10 million new cases and 1.6 million deaths worldwide in 2017. The prevalence of genital TB is approximately 27% (14-41%). However, the actual prevalence cannot be estimated accurately because *M. tuberculosis* infection does not cause clinically significant symptoms in some cases. This study aims to evaluating discrepancy in preoperative and postoperative anatomic pathology results in cases of genital TB.

Method



Results

Table 1. Demographics of Research Subjects

Characteristics	Average	Range or %
Age	33.18	23 – 43 yrs old
Parity		
0	7	63.6%
1	2	18.2%
3	1	9.1%
5	1	9.1%
Menstrual Pattern		
Normal	5	45.4%
Oligomenorrhea	4	36.4%
Amenorrhea	2	18.2%
Marriage length	9.3	0 – 18 yrs old
Preoperative TB		
Yes	5	45.5%
Not	6	54.5%

Table 2. Histopathological Examination Results

Histopathological result	N=11	%
Tuberculosis	5	45.45
Tuberculous cervicitis	1	20.00
Bilateral tuberculous salpingitis	1	20.00
Left tuberculous salpingitis	1	20.00
Ovarian tuberculosis	1	20.00
Adnexal tuberculosis	1	20.00
Cyst with tuberculosis inflammation	1	20.00
Tuberculous Endometritis	1	20.00
Non-tuberculosis	6	54.55
Non-atypical simplex type endometrial hyperplasia	1	16.67
uterine leiomyoma	1	16.67
Chronic non-specific right tube salpingitis	2	33.33
Inconclusive preparations on adnexa	1	16.67
Right hydrosalpinx	1	16.67
Non-atypical endometrial hyperplasia	1	16.67

Table 3. Preoperative and postoperative diagnosis

Pre-operative Diagnosis	Post-operative Diagnosis	Histopathology Results
Tuberculosis endometritis	Tuberculosis endometritis	Simple non-atypical endometrial hyperplasia
Uterine fibroid	Uterine fibroid	Tuberculosis endometritis
Secondary amenorrhea; hematometra; Asherman’s Syndrome	Asherman’s syndrome; suspect tuberculosis endometritis	Tuberculosis cervicitis
Uterine fibroid	Intramural uterine fibroid; tuberculosis salpingitis	Tuberculosis salpingitis
Ovarian Cyst	Ovarian tuberculosis cyst	Ovarian tuberculosis cyst
Uterine fibroid	Uterine fibroid; suspected tuberculosis salpingitis	Uterine fibroid
Bilateral endometrioma	Left tube tuberculosis	Inconclusive adnexal mass
Left endometrioma	Bilateral hydrosalpinx; suspected tuberculosis salpingitis	Right hydrosalpinx, non-atypical endometrial hyperplasia
Suspected Ovarian Malignancy	Bilateral tuberculosis salpingitis	Bilateral tuberculosis salpingitis
Ovarian cyst	Tuberculosis endometritis	Tuberculosis endometritis
Suspected tuberculosis salpingitis	Right Tuberculosis salpingitis	Chronic salpingitis non-specific

There was a discrepancy in preoperative diagnosis with postoperative anatomic pathology results in 6 patients (54.55%) (Tabel 1, 2, & 3). Most of the menstrual disorders in the TB genital patients in this study were oligomenorrhea (36.4%), and some had amenorrhea (18.2%). Improvements in the menstrual pattern were found in patients receiving complete anti-tuberculosis treatment.

Conclusion

In conclusion, this study showed a discrepancy in the preoperative diagnosis with postoperative anatomic pathology results in genital tuberculosis. This discrepancy impacts postoperative treatment options and leads to delays in providing adequate tuberculosis therapy