

Female genital tuberculosis and laparoscopic surprises : Does the eye see what the mind knows?

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Introduction

Female genital tuberculosis (FGTB) is a chronic disease with atypical symptoms. Diagnosis poses a challenge with no single test available for accurate diagnosis. Prevalence rates are as high as 3–26% in low and middle income countries (LMICs) like India.¹

Objective

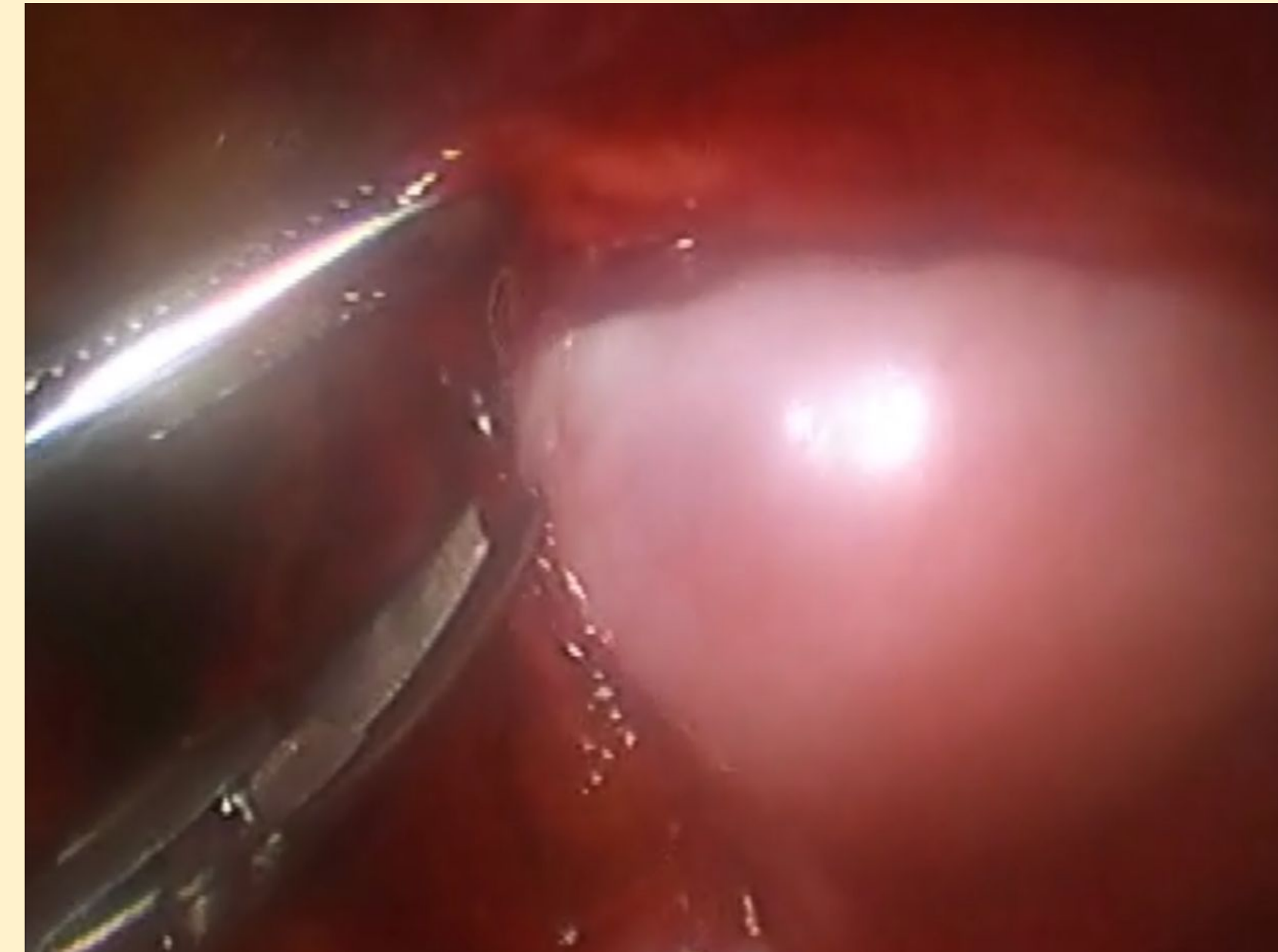
-To highlight

- the wide spectrum of presentation of genital tuberculosis
- role of hysterolaparoscopy in diagnosis and management.

Method

- Four patients of subfertility ultimately diagnosed as cases of genital TB are presented here.
- Each case had a varied presentation -
Patient A: Chronic pelvic pain
Patient B: Subfertility with hysterosalpingography (HSG) suggestive of bilateral tubal block and hydrosalpinges
Patient C: Subfertility with a narrow T-shaped uterine cavity on HSG
Patient D: Unexplained infertility.
- All were offered hystero-laparoscopy for the above indications at our medical center in Mumbai, India.

Hystero-laparoscopic findings



Fig;Laparoscopy in patient A:
Dense intra-abdominal adhesions: Adhesiolysis done.

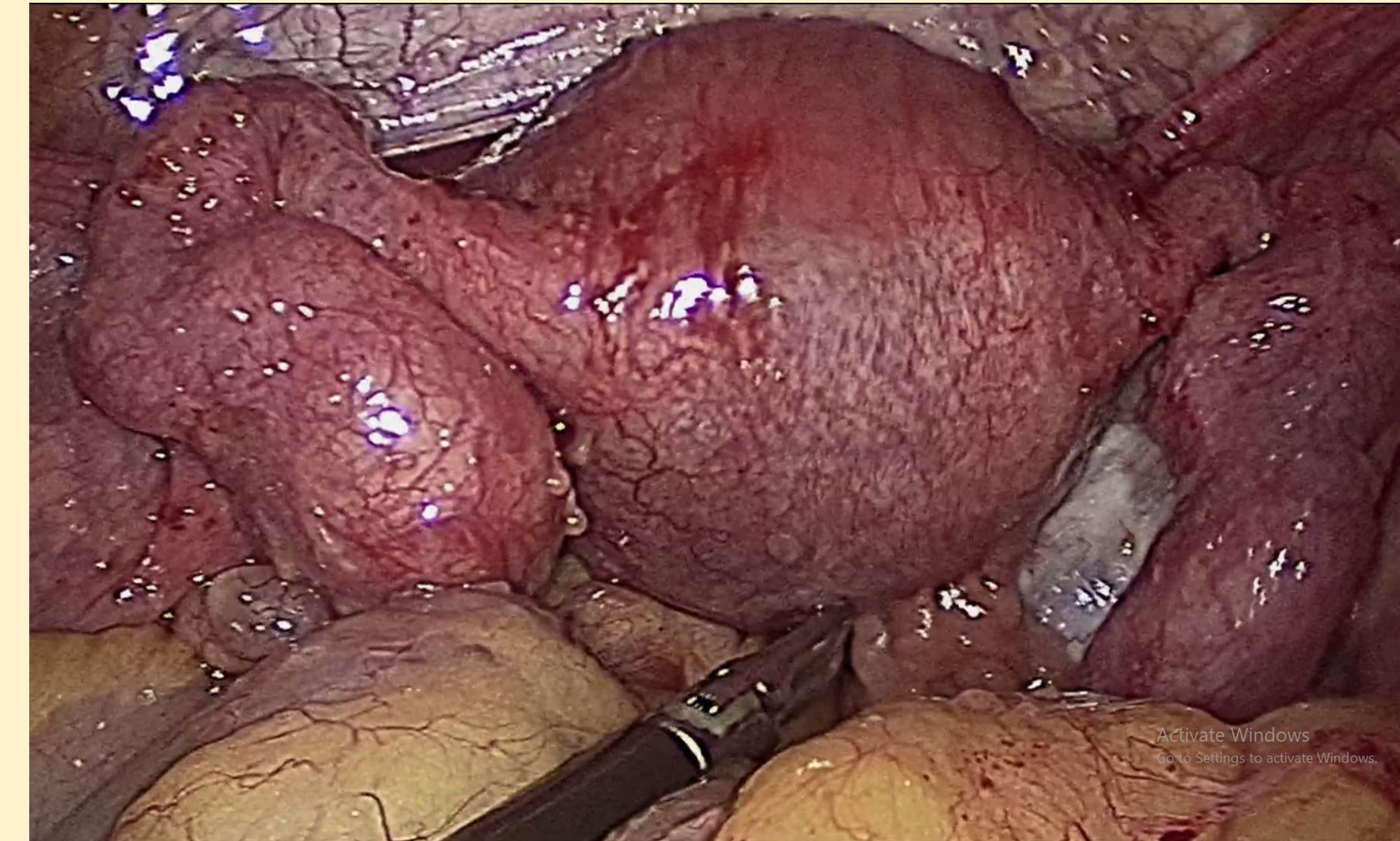


Fig:Laparoscopy in patient B:
Bilateral hydrosalpinges with lead pipe rigidity and tubercles.



Fig:Hysteroscopy in patient C:
T-shaped uterine cavity: Bilateral metroplasty done.

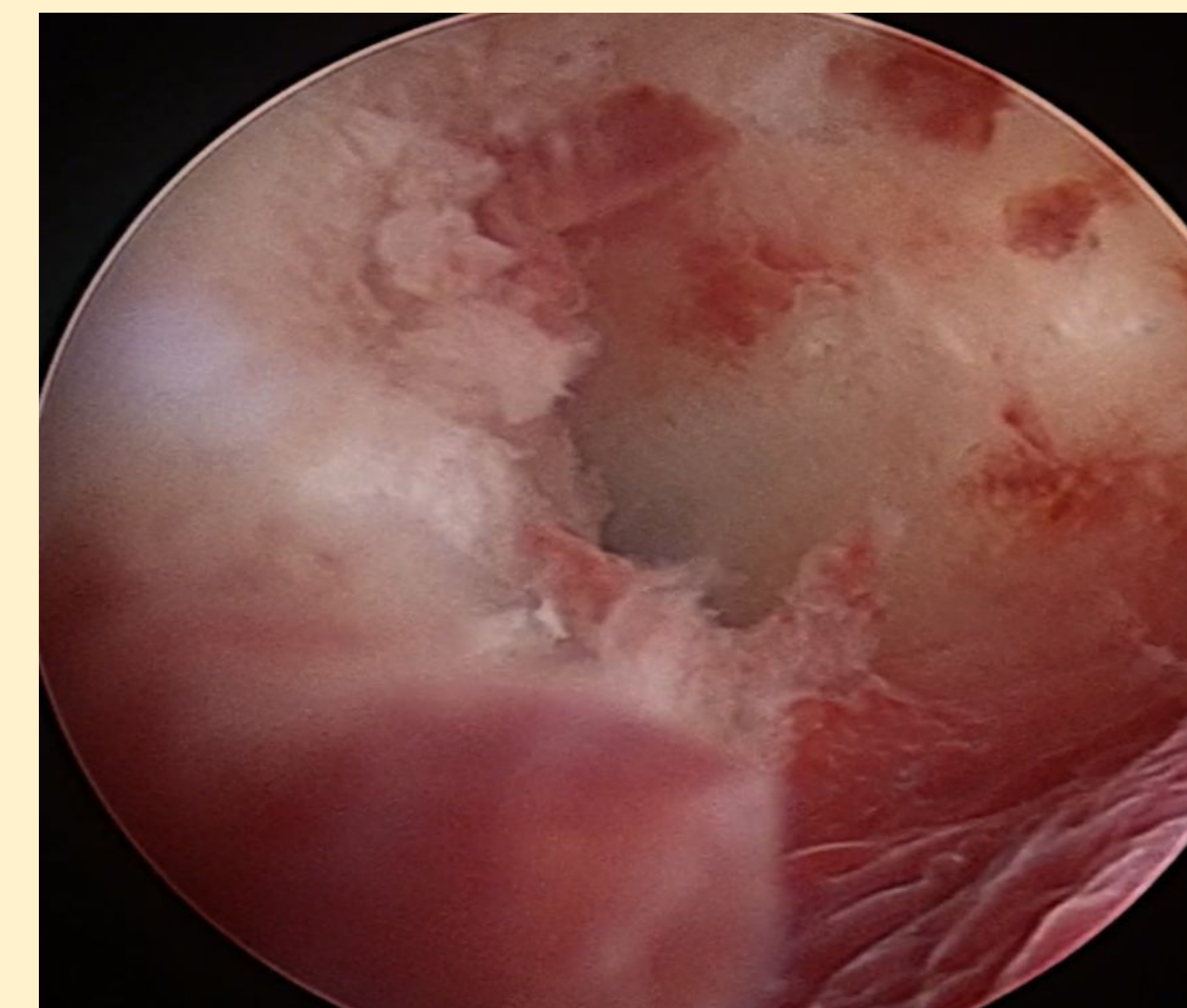


Fig:Hysteroscopy in patient D:
chronic endometritis

Tissue biopsy was taken for histopathology, microscopy, culture and CBNAAT (Cartridge Based Nucleic Acid Amplification Test).

Results : All patients were started on Anti Tubercular Treatment (ATT) based on the following results-

- Patient A-CBNAAT positive for mycobacterium tuberculosis with history of pulmonary tuberculosis.
- Patient B-laparoscopic picture of tuberculosis with history of tuberculosis contact.
- Patient C-CBNAAT positive for mycobacterium tuberculosis on endometrial biopsy with history of tuberculosis contact.
- Patient D-histopathological picture of tuberculosis with epithelioid granuloma on endometrial biopsy.

Outcome

- Patient A is currently on ATT.
- Patient B opted for in vitro fertilization after bilateral salpingectomy for hydrosalpinges.
- Patient C conceived following treatment and has delivered a healthy baby.
- Patient D was lost to follow up.

Conclusion

In countries like India with a high burden of the disease, hysterolaparoscopy plays an important role in the management of this silent disease which poses numerous diagnostic challenges.

References 1.Sharma JB. Current diagnosis and management of female genital tuberculosis. *J Obstet Gynaecol India*. 2015;65(6):362–371.