

# Case

- A nulliparous, newly married female of 24.5 yrs presented with complaint of offensive, blood mixed vaginal discharge for a few months, post coital bleeding and intermittent spotting.
- Patient also had complaint of mild dull aching pelvic pain and dyspareunia. Bowel and bladder habits normal.
- Examination suggested a lean built with mild pallor.
- On per speculum examination, cervix revealed friable cervix, bleeds on touch with small papillary growth like lesions.
- No dysmenorrhoea, no heavy bleeding. No significant medical, surgical or family history.
- Patient had history of weight loss and loss of appetite for a few months.

- Image 1. showing friable cervix. Small ulcerative lesion at 9 o'clock.
- Cervix bleeds on touch.
- As shown in image 2, copious white discharge present.
- Decision of pap smear and biopsy taken. Lesion turned out to be tubercular in origin.
- Further laboratory tests including complete blood count, TB Platinum, liver function tests were done Hr HPV negative.
- Ultrasound done to rule out any pelvic collections

- Final diagnosis of Tuberculosis of cervix made.
- Treatment plan of Antitubercular treatment made for a duration of 6 - 9 months as per the recommendations.
- At present patient has completed 4 months of treatment. There is significant improvement in cervical discharge and inflammation and overall general health but patient still complains of occasional post coital bleeding.
- Barrier contraception has been advised for the duration and patient had husband both had been investigated for HIV status. It has come out negative on two separate occasions 3 months apart.
- Husband has also been investigated for Tuberculosis. He has tested negative.

# A rare case of tuberculosis of cervix

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## Discussion

- Tuberculosis, though a rare presentation in developed world, is fairly common in developing countries.(1)  
Incidence of cervical tuberculosis when compared to overall cases is 0.1 - 0.65% where as in cases of genital tuberculosis it varies from 5 - 24% most common affected part being fallopian tubes. (2)
- Generally primary focus is elsewhere spread to cervix via hematogenous and lymphatic spread. In rare cases primary lesion might be cervix. it is more commonly seen in immunocompromised cases. (3,4,5)
- Most cases have been reported in reproductive age groups but a few cases have been reported in post menopausal age group as well. (6)

- Macroscopic findings include papillary and vegetative growth, ulcerative lesions mimicking carcinomatous changes. (7)
- Microscopically there are caseating/granulomatous changes. (7)
- Gold standard is Mycobacterium tuberculosis on biopsy. Though they may not be seen in one third of the cases. (7)
- Treatment plan included Anti tubercular regimen involving Isoniazid, Rifampin, Ethambutol and pyrazinamide for six to nine months

## Bibliography

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