

# A Case of Endometrial Tuberculosis with Incidental Presentation of Abnormal Uterine Bleeding



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## BACKGROUND

Endometrial tuberculosis (TB) is a form of extrapulmonary TB, typically originating from a pulmonary focus. While uncommon, it can present with abnormal uterine bleeding (AUB), a symptom that can have various underlying causes.

## DISCUSSION

The differential diagnosis of AUB is broad and includes conditions like adenomyosis, polyps, fibroids, endometrial carcinoma or hyperplasia with or without atypia. Infections like endometritis due to bacterial, TB, or fungal are potential causes of AUB, although less common.

In this case, careful evaluation detected the possibility of TB, which subsequently led to the diagnosis of pulmonary TB and the initiation of prompt treatment.

## CONCLUSION

This case highlights the importance of considering TB as a potential cause of AUB, especially in endemic regions

## REFERENCE

Grace GA, Devaleenal DB, Natrajan M. Genital tuberculosis in females. Indian J Med Res. 2017;145(4):425–436. doi:10.4103/ijmr.IJMR\_1550\_15

## ACKNOWLEDGEMENT

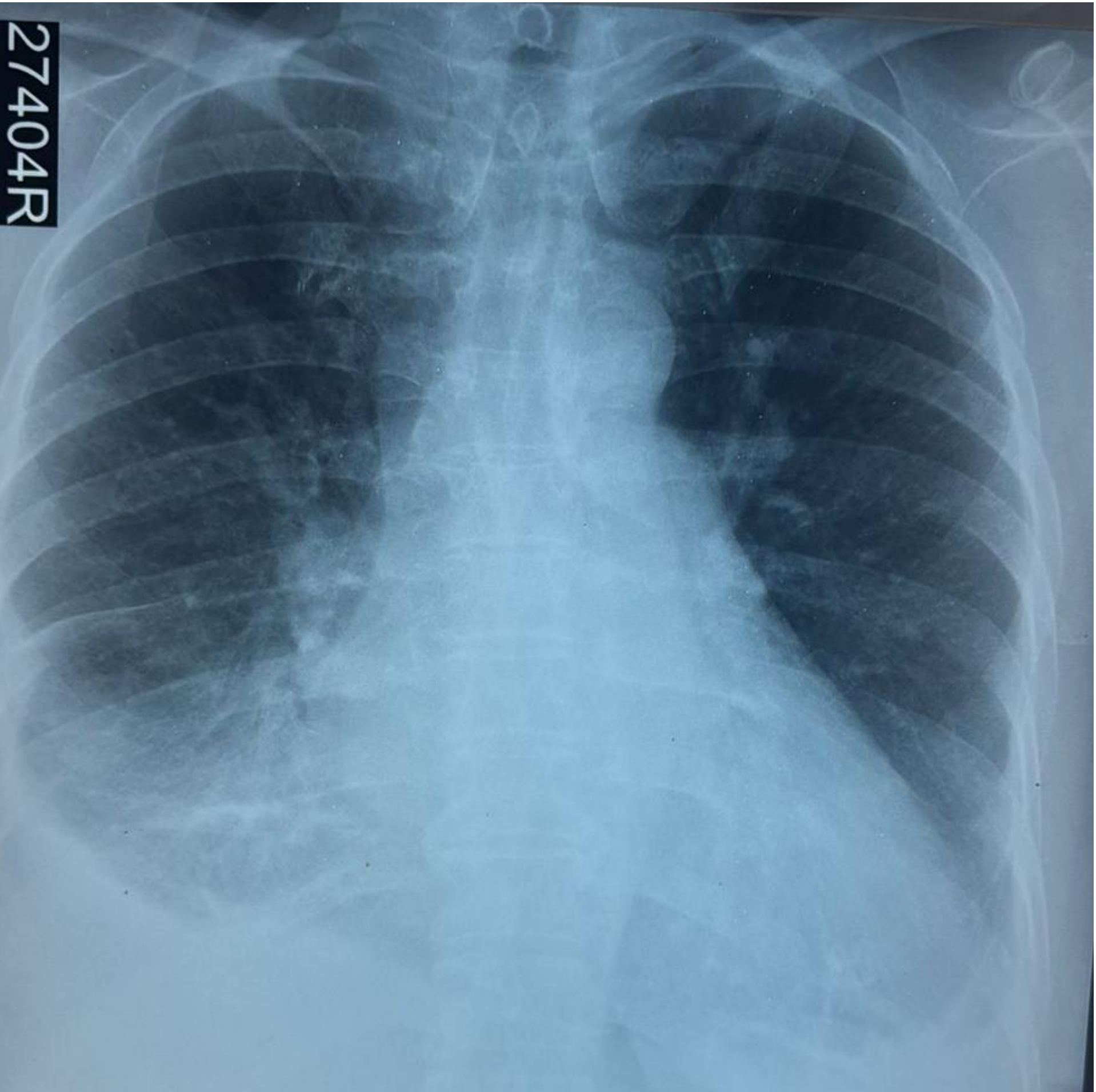
Gynecology , Operation theatre and pathology lab staff of Base Hospital Balangoda and Pathology lab staff of Teaching Hospital Karapitiya , Sri Lanka

## CASE PRESENTATION

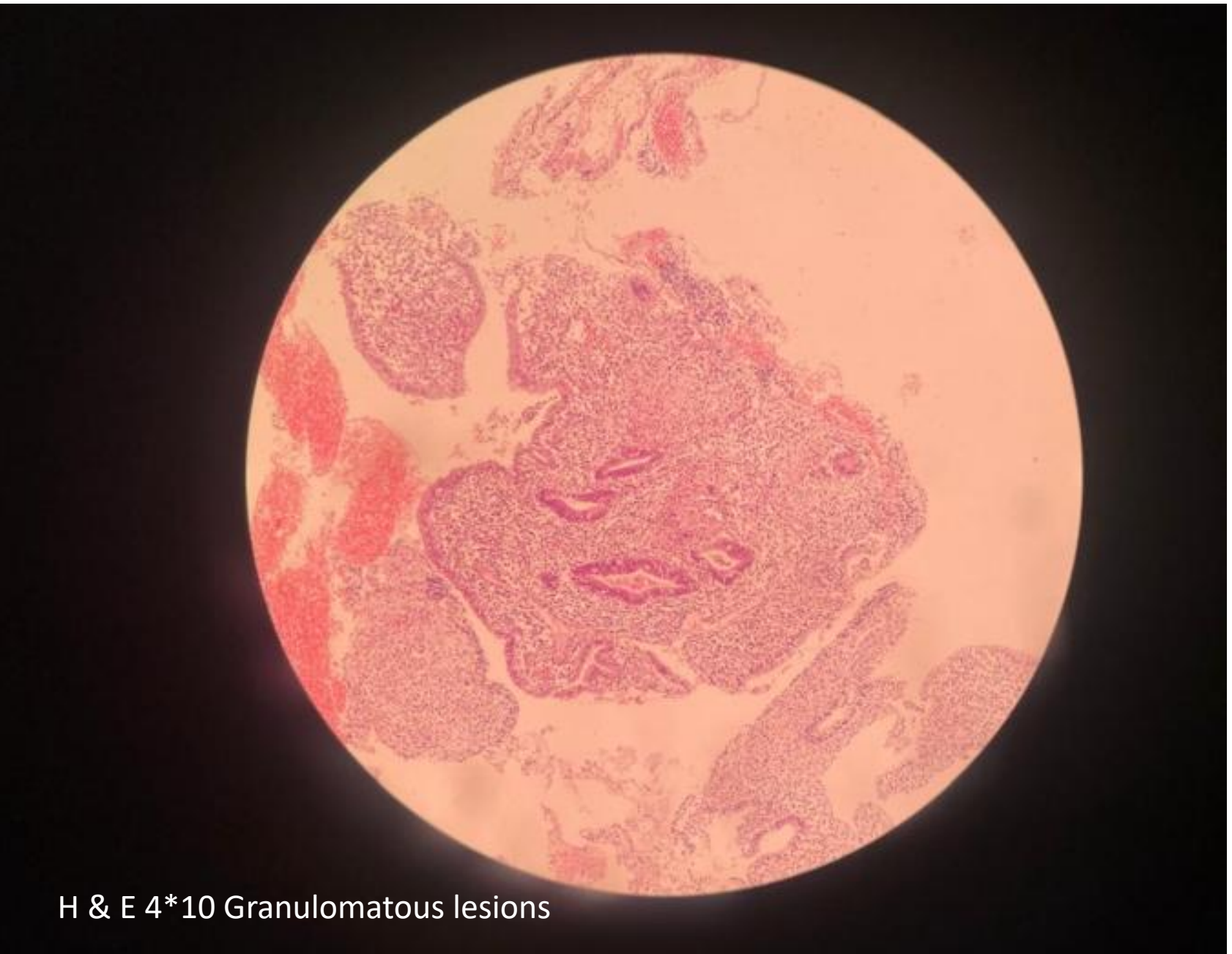
A 49-year-old woman presented with a history of abnormal uterine bleeding (AUB). Dilatation and curettage (D&C) revealed granulomatous lesions with caseous necrosis, suggestive of endometrial TB. Fungal staining was negative.

Further investigations revealed a negative sputum AFB, an elevated ESR of 95, and a 15mm Mantoux test, all suggestive of TB. Chest X-ray showed pleural effusion. Pleural fluid analysis revealed a moderately cellular fluid with predominantly mature lymphocytes, without reactive mesothelial cells or atypical cells. ADA, LDH, TB, and bacterial cultures were pending.

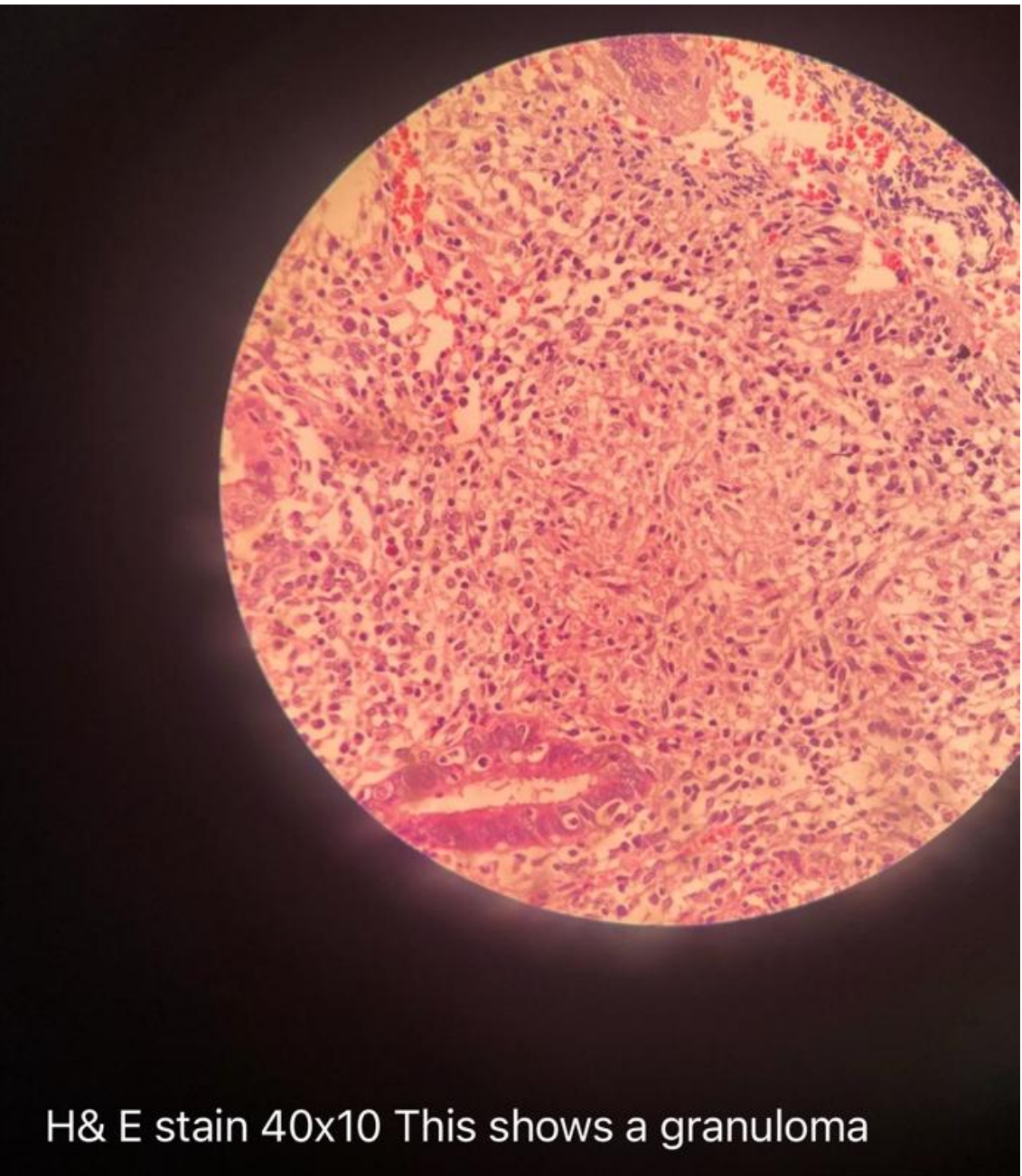
A respiratory physician was involved, and the patient was started on an anti-TB regimen. She showed a good response to treatment and is scheduled for a 6-month follow-up.



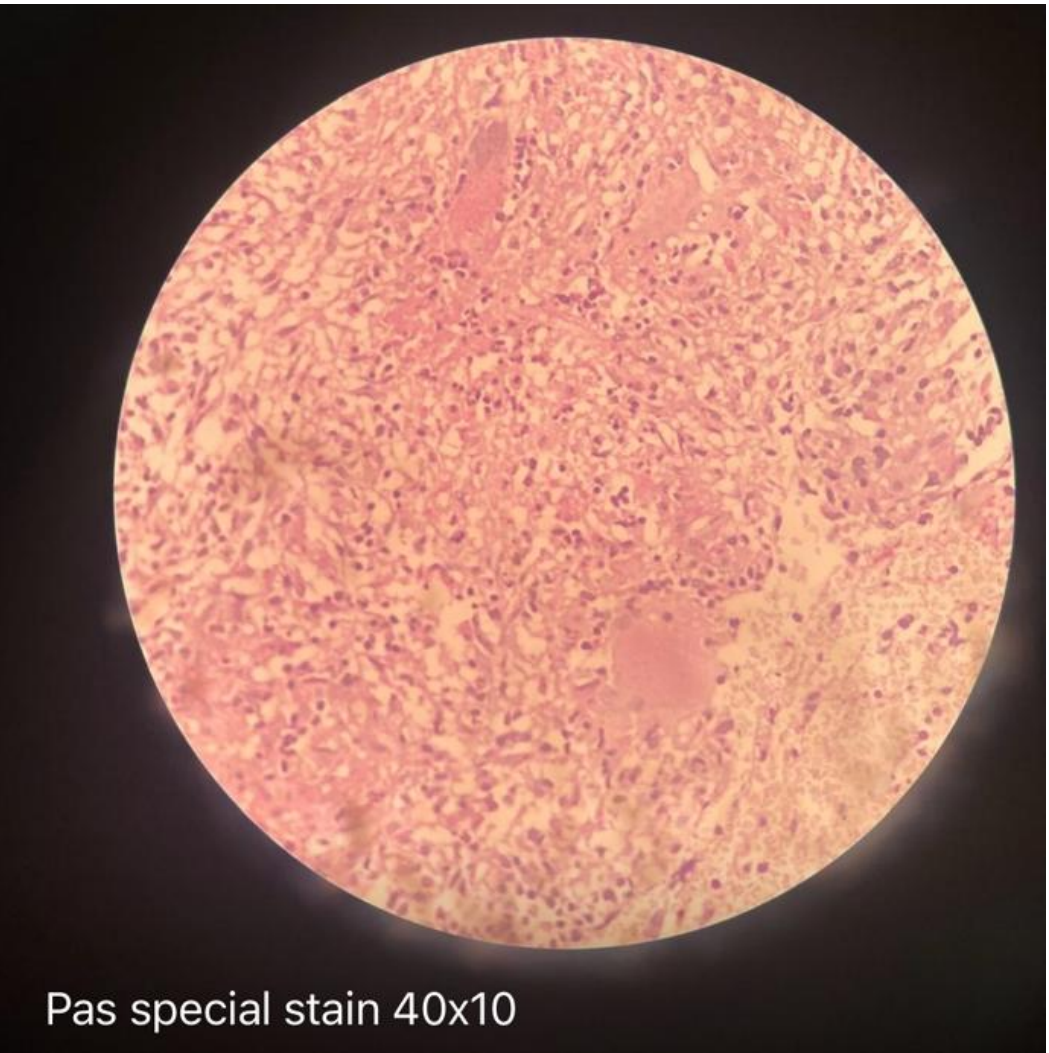
Chest X ray



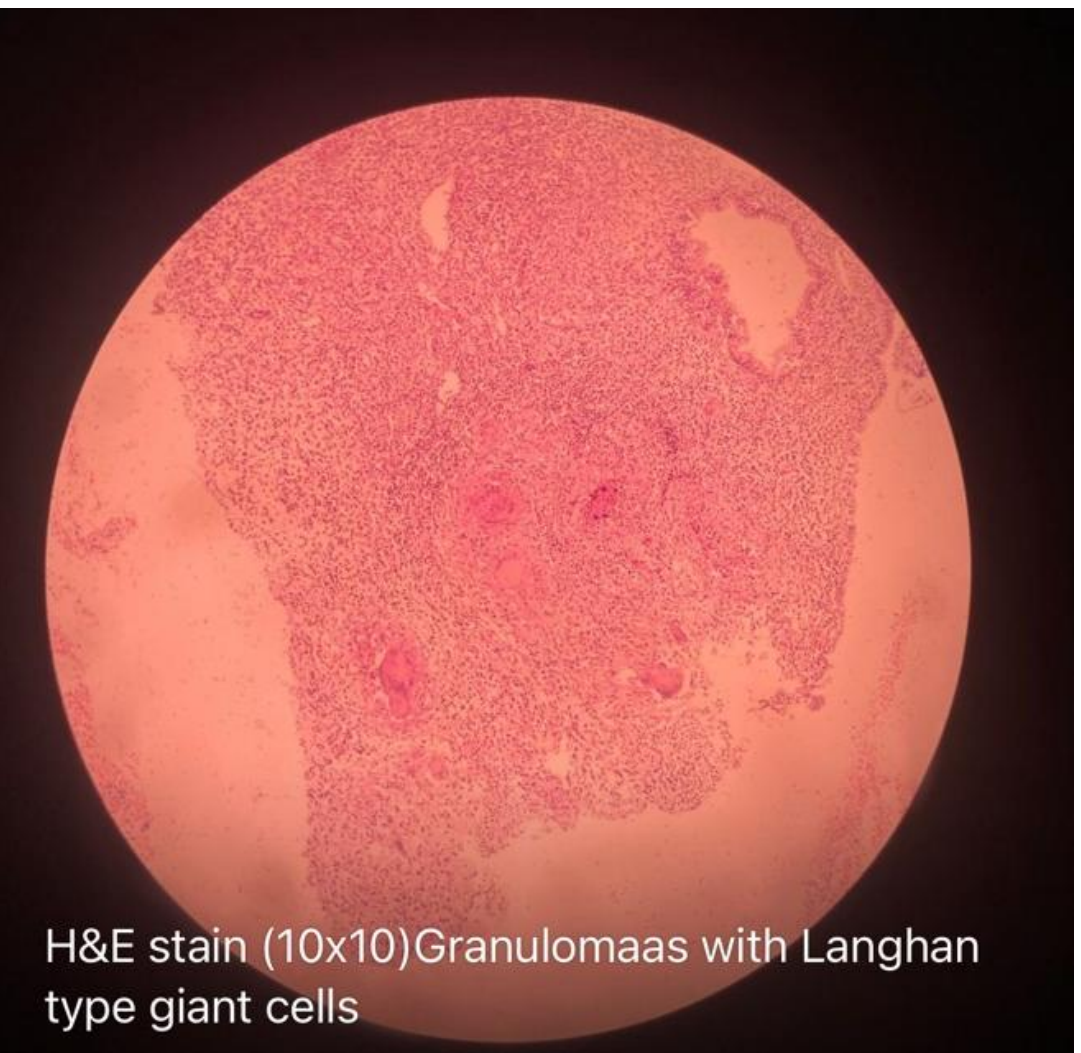
H & E 4\*10 Granulomatous lesions



H&E stain 40x10 This shows a granuloma



Pas special stain 40x10



H&E stain (10x10)Granulomaas with Langhan type giant cells

## CONTACT INFORMATION

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