

# Uterine Cervix Tuberculosis: A Rare Cause of Postmenopausal Vaginal Discharge



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## Introduction

Vaginal discharge in postmenopausal women is most commonly attributed to atrophic vaginitis resulting from hormonal changes. Less frequently, it may be caused by infections, medications, or polyps. This case report presents a rare instance of vaginal discharge secondary to genitourinary tuberculosis (TB), without pulmonary involvement.

Genital TB is an uncommon form of extrapulmonary TB, accounting for 1-5% of all TB cases. Among genital TB cases, uterine cervix involvement is even rarer, with most cases affecting the fallopian tubes (70-90%). When the cervix is involved, the condition often presents insidiously and can remain asymptomatic or chronic, complicating diagnosis. In reproductive-aged women, genital TB commonly manifests as infertility, while postmenopausal women may present with symptoms resembling malignancy, such as postmenopausal bleeding, pyometra, and pain.

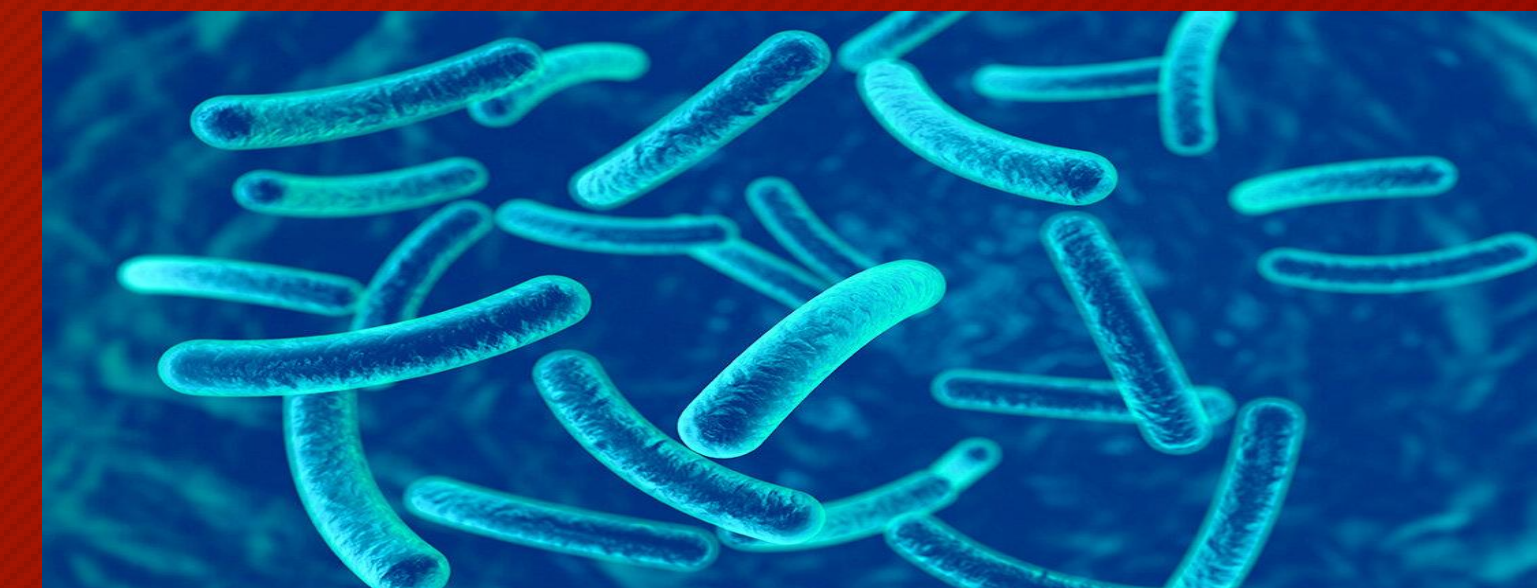
Tuberculosis (TB) is the leading infectious disease responsible for the highest number of deaths globally. Pelvic organ infection is typically caused by either *Mycobacterium tuberculosis* or *Mycobacterium bovis*. The infection usually originates from a primary site, most often the lungs, and spreads to the pelvic organs through the bloodstream.

## Clinical Case

- A 60-year-old woman from a TB-endemic region, generally health and well
- Presented with a one-month history of vaginal discharge (clear, odourless, and associated with severe perineal and pelvic pain, which had gradually worsened over the two months prior to presentation).** The patient was wheelchair-bound due to the intensity of her symptoms. There were no symptoms of weight loss, fever, or abdominal discomfort, and she had no postmenopausal vaginal bleeding. She had never undergone a smear test and had no significant medical or surgical history, aside from five uneventful vaginal deliveries. She was a non-smoker.
- Examination :**
  - Revealed clear chest, but abdominal and pelvic examination and transvaginal ultrasound could not be carried out due to pain. Chest X-ray was normal, and sputum tests were negative for TB. Abdominal ultrasound showed no abnormalities, but a cervical lesion measuring 3.3 x 1.8 cm was noted, obstructing the cervix and causing fluid accumulation in the uterus. A provisional diagnosis of cervical cancer was made and her doctor proceeded with an Examination Under Anaesthesia (EUA)
- Findings:** EUA revealed a normal vulva and vagina, but the cervix was irregular and nodular with necrotic areas. Fluid from the uterine cavity was drained, and a D&C was performed. Biopsy results from the cervix showed no cancer cells or cervical intraepithelial neoplasia (CIN). Endometrial curetting revealed chronic inflammatory changes, and microbial sample tested positive for TB.
- Blood tests supported diagnosis of TB and patients received anti TB medications, which she responded to very well.

**Conclusion:** Unusual appearance of the cervix should raise strong suspicion for tuberculosis."

This case highlights the importance of considering cervical tuberculosis in the differential diagnosis of postmenopausal vaginal discharge, especially in TB-endemic regions. Despite its rarity, genitourinary TB should not be overlooked, and a high index of suspicion is essential for accurate diagnosis and timely treatment.



Reference: Elmunir, S., Muneer, A., Macrae, B., Krishnamoorthy, S. et al. Urogenital tuberculosis — epidemiology, pathogenesis and clinical features. *Nat Rev Urol* 16, 573-598 (2019).

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