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Vulval Tuberculosis Mimicking Vulval Malignancy- A Case Report

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Abstract

A 60 year old married post menopausal woman presented to the OPD on 5th may 2017 with complaints of itching over the vulva since 1.5 year which gradually changed into reddish painful and ulcerative lesion. Patient was admitted and initially antibiotic and antifungal treatment was started,but the patient did not respond to the same. Following that,biopsy was taken from the lesion in view of suspicion of malignancy and sent for histopathological examination which showed chronic caseating granulomatous inflammation – likely of tubercular etiology. Acid fast bacilli Ziehl Neelsen staining was positive. Patient was put on Antitubercular drugs. Tuberculosis of the vulva is very rare and seen in only 1-2% of the cases. Hence, this case is reported as its appearance was mimicking that of carcinoma of vulva.

Keywords: Tuberculosis, Postmenopausal,Granulomatous,Caseating

Introduction

Tuberculosis is a major health problem throughout the world, affecting about 9.4 million people annually,with about 2 million deaths[1].Female genital tuberculosis is associated with significant morbidity and leads to short and long term sequelae ,including infertility[1]. Genital tuberculosis is the second most common extrapulmonary manifestation of tuberculosis, with an incidence of 5-30%, and is often seen in the childbearing age group. It most commonly involves the fallopian tubes and endometrium[2,3].

It can involve all the genital organs.Common sites of involvement include the fallopian tube(100%),followed by endometrium (90%),followed by ovaries(20%),with cervix(10%) and vagina(1% each)[1].

Tuberculosis of vulva is very rare and is seen in only 1-2% of the cases[4].Hence, this case is being reported as its appearance was similar to the carcinoma of vulva.

Case Report

A 60 year old married post menopausal woman presented to the OPD on 5th may 2017 with complaints of itching over the vulva since 1.5 year which gradually changed into reddish painful lesion. According to the patient, she developed multiple tiny clear fluid filled blisters in vulval area which burst open within 4-6 days of onset to form superficial ulcers. The blisters were associated with itching and burning. After formation of ulcer, there was onset of pain and swelling associated with sticky yellowish discharge since last 15-20 days. Occasionally, it used to be blood mixed. Patient was initially seen in

dermatology department and antibiotic and antifungal treatment was started. But, no significant improvement was reported. Then , she was referred to us for furthur management .Patient was admitted and a biopsy was taken in suspicion of malignancy from the lesion and sent for Histopathlogical examination.

She also had history of weight loss and loss of appetite since last 1.5 yrs. Previously, she had normal menstrual cycles and she was P_{10+0} L_6. There was a positive history of pulmonary tuberculosis in her nephew 4 yrs back

On examination , patient was of average built and well nourished. Her weight was 55 kg , with a height of 5 ft 1 inch. Her blood pressure was 130/80 mm Hg, with a pulse rate of 86 beats/min and a respiratory rate of 18 /min and a temperature of 98.6°F.

On systemic examination, all the systems were within normal limits, except the lungs, in which there were bilaterally decreased breath sounds.

On local examination of vulva revealed an ulcerative , indurated lesion extending from clitoris involving whole of left labia majora and perineal area of Labia majora.There was blood mixed discharge present.

Figure 1-External appearance of vulva showing Ulcerative lesions- Before treatment.

Figure 2- External appearance of vulva showing Ulcerative lesions- Before treatment.

No regional lymph nodes were involved.

Her routine blood investigations were -Hb- 10.2 g/dl,TLC-10,500/mm^3 ,DLC- N75 L22 E2 M1 and Platelet -1.6 lakh HIV, VDRL, HBsAg and HCV were negative. X ray chest was within normal limits.Montoux test was positive with an induration of 20x18 mm.

Punch biopsy was taken from ulcerative lesion and was sent for Histopathological examination which showed chronic caseating granulomatous inflammation-likely of tuberculosis etiology.

Figure 3-

(a) Slide showing Acid fast Bacilli Ziehl- Neelsen stain-Positive

(b) Slide showing Chronic Caseating Granulomatous Inflammation-Likely of Tubercular etiology.

Acid fast bacilli Ziehl Neelsen stain was positive.Patient was put on Anti tubercular drugs that were:- H- Isoniazid 300 mg OD,R- Rifampicin 600 mg OD ,Z- Pyrazinamide 1250 mg OD ,E- Ethambutol 1000 mg OD (for 2 months)

On follow up after 2 months ,the response was found to be remarkable,both subjectively and objectively. On Naked eye examination, the lesion was about 50% of its initial size.

Figure 4-External appearance of Vulva Showing Healed Lesions -After 2 months of Antitubercular Treatment

Figure 5- External appearance of Vulva on examination Showing Healed Lesions -After 2 months of Antitubercular Treatment

Discussion

Tuberculosis is one of the oldest disease known to effect mankind[2]. It can involve various sites of the body, including – lungs, liver , bones, joints, urinary tract etc. Female genital tuberculosis is not uncommon and usually occurs secondary to Pulmonary Tuberculosis. Genital TB generally occurs secondary to pulmonary (commonest) or extra pulmonary TB like gastro-intestinal tract, kidneys, skeletal system, meninges and miliary TB through hematogenous and lymphatic route[1].

Common symptoms of female genital tuberculosis include- Abnormal vaginal bleeding ,chronic pelvic pain,abdominal pain,local ulcers and infertility[5].Women with menstrual abnormalities and Infertility should always be evaluated for possible tubercular etiology. Of all the forms of tuberculosis of female genital tract, lesions of vulva are the least frequent. Presentation can be quite variable, leading to misdiagnosis as Sexually transmitted

diseases like Syphilis or chancroid and malignancy. Tuberculosis of the external genitalia is unusual and primary infection is rare[2].

In this case , the Lesion was looking exactly like a malignant lesion.Histopathological examination should be made mandatory before Initiating treatment.It is the Gold standard for the Diagnosis .The optimum duration of treatment of vulval tuberculosis is not known. Hence, the protocol for treatment of non pulmonary tuberculosis extending for 6-9 months is followed[4].

The general condition of the patient, the clinical condition of the vulva and the regular vulval biopsy may give a rough indication for the continuation or termination of antitubercular treatment. There should be high index of suspicion of tuberculosis in women with non healing lesion on the vulva and the importance of biopsy is emphasized[4].

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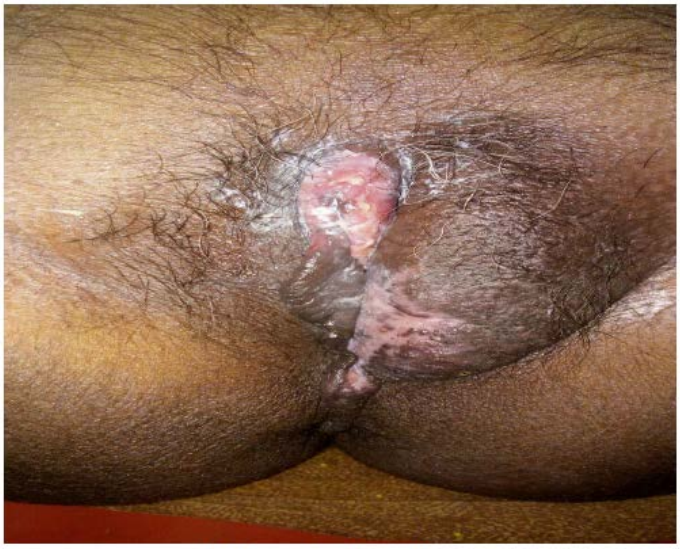
List of Figures:

Figure: 1

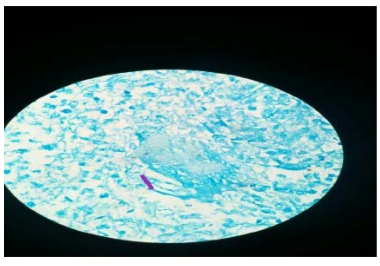


Before Treatment

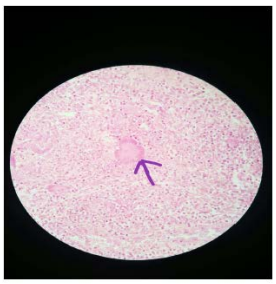
Figure: 2

Before Treatment

Figure: 3

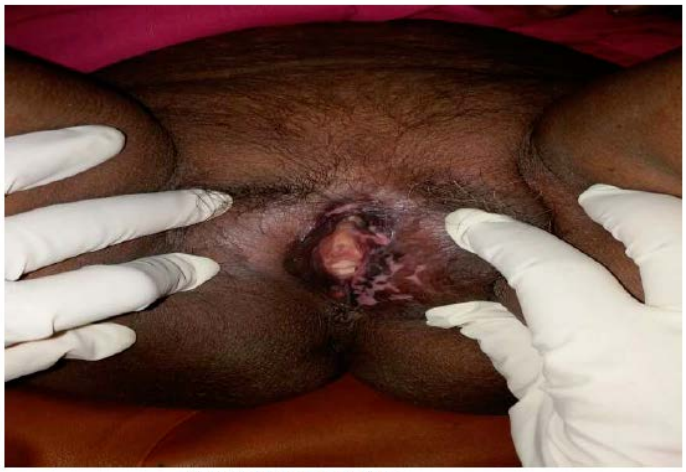


Slide showing Acid Fast Bacilli Ziehl-Neelsen Stain -Positive



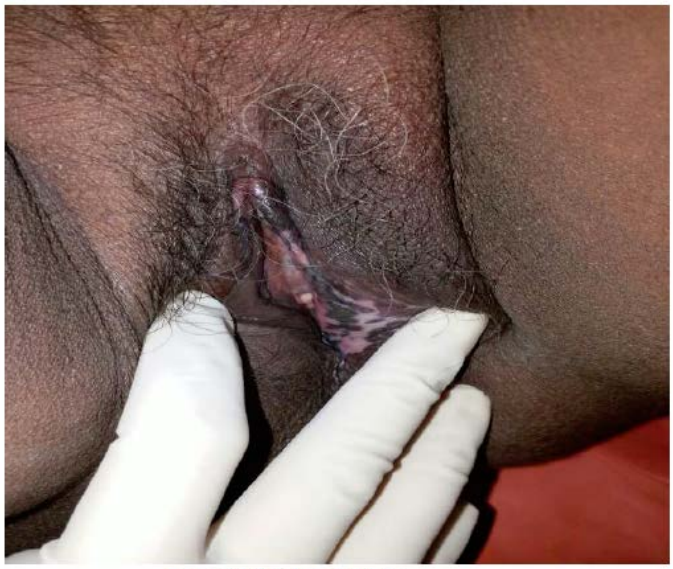
Slide showing Chronic caseating Granulomatous inflammation-likely Of tubercular etiology

Figure 4:



After 2 Months of ATT

Figure: 5



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