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Case Report

Gynecological tuberculosis, diagnostic and challenges

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Abstract

Tuberculosis is a major public health issue in both developing and developed countries, the atypical symptoms of this infectious disease make the diagnosis difficult, mimicking sometimes a neoplastic etiology.
Pelvic tuberculosis is a rare extrapulmonary localizations of tuberculosis. The aim of our study is to examine the epidemio-clinical particularities of this kind of tuberculosis and to specify its therapeutic aspects.

INTRODUCTION

Female genital tuberculosis is one of the rare and not well-known variety of extra-pulmonary tuberculosis. It's a frequent pathology in developing countries countries, affecting mainly women from disadvantaged backgrounds.

Tuberculosis is a contagious and curable disease, its gynecological localization has a very atypical symptomatology, hence this can wrongly leads to think of a neoplastic etiology.

The pathogenic agent is mainly Mycobacterium tuberculosis or Koch's bacillus secondarily Mycobacterium bovis. It is an acid-alcohol-fast bacillus with slow growth (time for doubling is 15 to 20 hours), which explains the slow evolution of this pathology.

Cas 1

A 18-year-old patient with no medical history, who has been presenting for 1 month an increase in abdominal volume with pelvic pain. The symptomatology is associated with a conservation of general state. The clinical examination showed an isolated increase in abdominal volume.

Pelvic ultrasound: normal sized uterus, right ovary 52 mm with cystic component, left ovary 30 mm, abundant ascites.
thoraco-abdomini-pelvic CT scan: three right lung parenchymal nodules suspicious of neoplasia, left basithoracic pleural collection, left pericardial effusion of low abundance, intraperitoneal fluid effusion of great abundance, swollen right ovary.

CA 125 : 119 UI / ml

- The patient benefited from a laparoscopy :
  exploring : normal sized uterus, peritoneal inflammation with disseminated granulomatous lesions, both ovaries increased in size with granular appearance on surfaces .
- aspiration of 1.5 liters of citrine yellow ascites
- Realization of multiple peritoneal biopsies, returning in favor of peritoneal tuberculosis
- The patient received medical treatment based on anti-tuberculosis .

Cas 2

45-year-old patient, married, grand multiparous who consults for right lateralized pelvic pain evolving for 2 months .

- Clinical examination showed bleeding from the endocervix with a normal sized uterus.
- Pelvic ultrasound: right ovarian mass cystic septate 51 mm with moderately abundant effusion.
- Pelvic MRI: cystic lesion of the right ovary, moderately abundant ascites, peritoneal appearance and granular ovarian surfaces .

CA 125 : 198 UI / ml .

Exploratory laparotomy:

- Inflamed right tube, presence of granulation in the digestive tract, uterus and both ovaries
- Liver, spleen, diaphragm and stomach strewn with granulation.
- Very abundant effusion aspirated estimated at 3 liters
- Performing multiple biopsies: presence of multiple epitheloid and giganto-cellular follicles, they are focally centered by caseous necrosis.

➔ The diagnosis of tuberculosis is confirmed, then the patient is referred to the specialized tuberculosis diagnostic center for medical treatment based on anti-tuberculosis drugs.

DISCUSSION

Genital tuberculosis ranks fifth after the pulmonary **,**lymph node, osteoarticular and digestive localizations. The main sequel of this pathology is infertility, which remains constant most of the time.

The extra-pulmonary attack can be concomitant with the primary pulmonary tuberculosis infection or remotes from the latter. This pathology spreads mainly by hematogenous route, rarely lymphatic or by contiguity.

The reason for consultation remains varied and not very specific, hence this can erroneously point to a neoplastic etiology. In effect, non-specific clinical manifestation made up of pelvic pain, pelvic mass, ascites and weight loss can be present in both pathologies.

Therefore, the search for other symptoms must be made, namely: menstrual disorders (dysmenorrhea, amenorrhea), digestive disorders, urinary signs. must be made.

In addition, infertility due to utero-adnexal involvement can be revealing in certain cases.

On radiology, ultrasound, hysterosalpingography, hysteroscopy, scanner and MRI, data are not specific.

The diagnosis can be confirmed by a histological study of endometrial samples and/or biopsies of the nodules by laparoscopy in order to search of epithelioid and giganto-cellular granuloma that are associated with caseous necrosis. Moreover, Koch's bacillus (BK) can be isolated after a Ziehl stain.

CONCLUSION

Tuberculosis is a contagious and curable disease, its gynecological localization has a very atypical symptomatology. Hence, this can wrongly leads to think of a neoplastic etiology.

The atypia of the smptomatologie makes the diagnosis difficult. However, the diagnosis must be evoked in front of any abdomino-pelvic picture or sterility in women, especially in an evocative epidemic context.

REFERENCES

1. Souheil Zayet, Aida Berriche, Lamia Ammari, Mariem Razgallah, Rim Abdelmalek, Mohamed Khrouf, Badreddine Kilani, Hanène Tiouiri Benaissa , Caractéristiques épidémio-cliniques de la tuberculose génitale chez la femme tunisienne: une série de 47 cas Volume 30, Article 71, 29 May 2018 | 10.11604/pamj.2018.30.71.14479
2. Riadh Chargui, Molka Chemlali, Amira Triki, Leila Achouri, Bouthayna Laamouri, Olfa Jaidane, Hatem Bouzaiene, Jamel Ben Hassouna, Fethi Khomsi, Tarak Dhiab, Monia Hechich, Khaled Rahal Tuberculose génitale simulant un cancer gynécologique : à propos de trois cas ,La tunisie Medicale - 2013 ; Vol 91 (n°010) : 621-622
3. Lambat Emery Shahzia, Besse Valérie, Duc Christophe, Schneider Nicolas , Tuberculose péritonéale mimant une carcinose péritonéale, Med Suisses. 2018;18(37):760-763
4. S.ZayetA.BerricheR.AbdelmalekK.FakherB.KilaniL.AmmariH.Tiouiri-Benaissa, Caractéristiques épidémiocliniques de la tuberculose génitale chez la femme tunisienne , La Revue de Médecine Interne , Volume 37, Supplement 1, June 2016, Page A185