

Case Report

Tuberculosis at Vulva and Vagina

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A 60-year-old woman, gravid 4, para 4-0-0-4 was admitted to the Department of Obstetrics and Gynecology, Khon Kaen University due to chronic extensive painful genital ulcer. She was treated by antiviral and antifungal regimens but the ulcer persisted. After acid fast bacilli was found on tissue biopsy, a standard 6-month course of antituberculosis was started. One month after treatment, the ulcer was completely cured.

Keywords: Genital ulcer, Vulvar, Vaginal tuberculosis

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Tuberculosis of the female external genitalia is very rare and mostly secondary to pulmonary or renal tuberculosis. The authors reported here a 60-year-old postmenopausal woman who attended a gynecology ward due to extensive ulcer at the vulva and vagina, a very rare case of vulvovaginal tuberculosis.

Case Report

A 60-year old postmenopausal woman, gravida 4, para 4-0-0-4 was admitted to the Department of Obstetrics and Gynecology, Khon Kaen University, Thailand, complaining of a 9-month history of low grade fever and painful ulcer at vulva and in vagina. Her last sexual activity was 1 year ago, before her husband died from chronic kidney disease. She denied history of chronic cough, abdominal pain, abnormal uterine bleeding, or weight loss. Her underlying disease was diabetic mellitus and hyperthyroidism, which were both well controlled. On physical examination, the inner sides of both labia minora had large, indurated painful ulcers 2 x 4 cm in diameter on each site. The bases of ulcers were shallow and granular and the edges were ragged and undermined. The lower 2/3 of anterior vaginal wall also had an ulcerative lesion, 3 x 4 cm in diameter (Fig. 1). Minimal yellowish discharge was seen in the vagina. The cervix was normal looking with a small uterus, and there was no abnormal adnexal

mass. A 2-cm left groin node was present with mild tenderness. Routine laboratory investigation revealed impaired renal function and hypercalcemia but chest X-ray was normal. VDRL and antiHIV were negative. She had not been in close contact with an indexed case of pulmonary tuberculosis. She had been treated with antifungal medication, antiviral regimen, and many kinds of antibiotic but the ulcer persisted. Tissue biopsy at ulcer was performed and acid fast bacilli were found. Sputum for acid fast bacilli was negative. The authors failed to retrieve endometrial tissue via aspiration method. Standard antituberculosis quadruple (isoniacid, rifampicin, ethambutal, and pyrazinamide) were started. After one month of therapy, the ulcer was completely healed (Fig. 2).



Fig. 1 Large vulvo-vaginal ulcer before treatment

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Fig. 2 Completely healed vulvo-vaginal ulcer after 1 month of treatment

Discussion

Pulmonary tuberculosis is a common infectious disease especially in developing countries but female genital tract tuberculosis is rarely reported. More often, hematogenous spread genital tract tuberculosis is secondary to other sites of tuberculosis infection, such as the lung or kidney. The highest incidence of genital tuberculosis occurs in child-bearing age women. The commonly affected sites of genital tract are fallopian tubes and endometrium. Common presenting symptoms are menstrual irregularities, infertility, and chronic pelvic pain⁽¹⁾. Vulvar and vaginal tuberculosis have been rarely reported^(2,3). The authors reported a case of painful tuberculosis ulcer at the vulva and vagina, which was different from another study that reported a painless ulcer⁽⁴⁾. It might be bacteria on top of the infection. In the presented case, the authors could not definitely trace back how she got vulvar tuberculosis. Her husband died from chronic renal failure 1 year ago and suffered from paraplegia due to collapsed L4-5 spine. However,

tissue biopsy was not done to explore the cause of the collapsed spines. Chowdhury⁽¹⁾ suggested that sputum in case of pulmonary tuberculosis, used as sex lubricant, might also be a route of transmission. In the present case, we could not access this history. One of her daughters who was married and stayed at her husband's house was also diagnosed with pulmonary tuberculosis six years ago. It might be that her daughter contacted tuberculosis in her own family before she got married. Chronic genital ulcer should be differentiated from herpes infection in immunocompromised host and carcinoma of the vulva or vagina. The final diagnoses are from tissue biopsy. Optimal duration of treatment of vulvo-vaginal tuberculosis is inconclusive. In general, a 6-month course of drug is widely accepted although the patient clinically improves in a short time after starting the treatment.

In conclusion, the authors reported a case of vulvovaginal tuberculosis presenting with large chronic genital ulcer. Tuberculosis of various organs is still a common infectious disease in the developing world.

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วัณโรคที่ปากช่องคลอดและช่องคลอด

ประนอม บุพศิริ, ธีระยุทธ เต็มธระกิจไพศาล, วรลักษณ์ สมบูรณ์พร

สตรีอายุ 60 ปี มีบุตร 4 คน เข้ารับการรักษาที่แผนกนรีเวชด้วยเรื่องมีแผลขนาดใหญ่ รีดรัง และเจ็บปวดที่บริเวณอวัยวะเพศ ซึ่งเคยได้รับการรักษาโดยยาต้านเชื้อไวรัส ยาต้านเชื้อราแต่อาการไม่ดีขึ้น จึงได้ทำการตัดชิ้นเนื้อบริเวณแผลเพื่อตรวจทางพยาธิวิทยา ซึ่งตรวจพบเชื้อก่อวัณโรค จึงได้ให้ยาต้านวัณโรค ตามเกณฑ์มาตรฐาน 6 เดือน พบว่า 1 เดือน หลังการรักษาแผลที่อวัยวะเพศหายสนิท
