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Case Report

Pseudo tumor tuberculosis of the uterine cervix: about a case at the colposcopy and cervico vaginal pathologies unit of the University hospital Le Dantec, Dakar, Senegal

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ABSTRACT

Tuberculosis is still common in developing countries and particularly in sub-Saharan Africa since the advent of the HIV/AIDS. Genital tuberculosis usually affects young women in genital activity period. The most frequent locations are tubal, endometrial and ovarian. The cervical location is rare. We report on the case of a 36 years old patient with eight pregnancies and eight deliveries who lives in a rural area and has got in her history 8 vaginal deliveries with four living children and 4 dead children and who was referred by a colleague for a "tumor of the uterine cervix". In her medical history, there was a BCG vaccination during childhood and she had never received Pap smear. The colposcopy revealed an ulcerating budding tumor of the cervix with necrotic areas. The colposcopy biopsy revealed fibrocaseous tuberculosis of the uterine cervix. Tuberculosis is still a common disease in developing countries. The cervical localization is rare but should be considered in case of an ulcerating tumor budding of the cervix.

Keywords: Tuberculosis cervical, Colposcopy

INTRODUCTION

Tuberculosis is a bacterial infection on the rise in developing countries notably in sub-Saharan Africa since the advent of the HIV/AIDS.[1-3] This infectious disease affects young women in genital active period. Among the extra-pulmonary localizations, the genital ones are the commonest.[4-6] The tubal, endometrial and ovarian locations are most frequent in genital tuberculosis.[4-6] The cervical location is rare and can be confusing in the case of cervical cancer especially in its tumor-form.[1]

We report on a case of fibrocaseous tuberculosis of the cervix diagnosed at the eighth pregnancy and eighth delivery of a woman aged 36 and where a malignant tumor of the cervix was suspected.

CASE REPORT

The patient was Mrs. DN F, a 36 years old woman, VIIIG, VIIIP, living in a rural area and having in her history 8 vaginal deliveries with four living children and four dead children. The patient was referred by a colleague for a "tumor of the cervix" on 23.04.2014.

Her family, medical and surgical histories were all normal.

She had received a BCG vaccination during her childhood. She had never received Pap smear. The examination found a chronic hydrorrhoea with chronic pelvic pain.

At physical examination:

- With the speculum we found an enlarged cervix with ulcerating tumor budding;
- With the vaginal touch we noted an irregular cervix with a flexible base that does not bleed on contact.
- The rest of the clinical examination found no abnormalities.

At colposcopy:

- The vulvoscopy was normal as shown in Figure 1.
- During the examination without preparation (Figure 2) we noted an ulcerating tumor budding of the cervix that had increased in volume, leucorrhea and minor vaginal bleeding on contact.
- Upon application of the 5% acetic acid the tumor lesion showed intense acidophilia with hemorrhagic foci (Figure 3) and the Squamo-columnar junction area was not displayed.
- After lugol application, there was an ulcerating budding tumor of the cervix with an iodine-negative area that had blurred outer edges.

Figure 1: Normal vulvoscopy.

The colposcopy finding led to suspicion of a malignant tumor of the cervix and colposcopilally directed biopsies under control were carried out.

Histology found cylindrical cells with epithelial mucus-secreting glands, Langhans cells and a lymphocyte reaction.

Chest x-ray, blood count and retroviral serology were requested and were normal.

Anti-tuberculosis treatment according to the standards and protocols of the National Program against Tuberculosis of Senegal was then established.

Figure 2: Ulcerating tumor budding of the cervix.

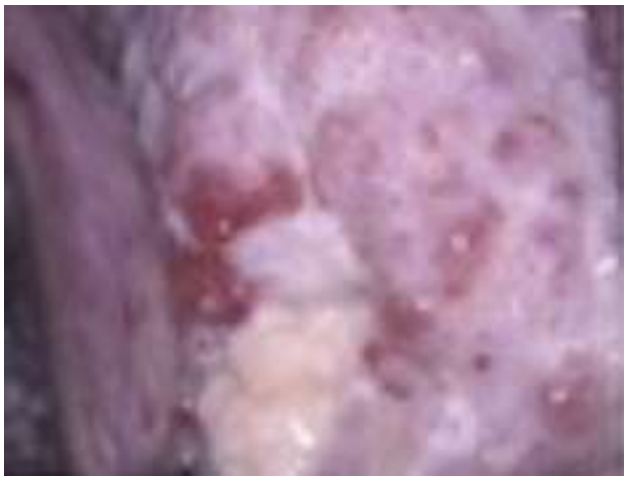

Figure 3: The tumor lesion showed intense acidophilia with hemorrhagic foci.

Figure 4: Cervix after iodine application.

During the intensive phase the patient was using a combination of rifampin, ethambutol, pyrazinamide and isoniazid at a usage rate of 3 tablets per day for 2 months.

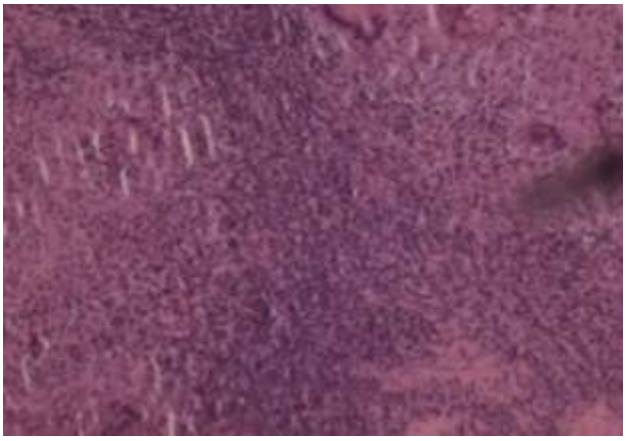

Figure 5: TB treatment with progressive regression of tumor-like lesions of the cervix.

During the consolidation phase the patient was using a rifampin and ethambutol combination with 3 tablets per day for 6 months.

The outcome was favorable in this TB treatment with progressive regression of tumor-like lesions of the cervix as shown in Figure 5.

Figure 6: Cervix in the process of healing during TB treatment.

DISCUSSION

Tuberculosis is a bacterial disease caused by Mycobacterium tuberculosis.[7,8]

The frequency of genital tuberculosis varies according to the level of economic development of countries.[4,8,9]

The cervical involvement represents between 2.5% and 7.7% of uterine damage.[6]

The frequency of genital tuberculosis is probably underestimated because tuberculosis is endemic in developing countries.[2,3,9,10]

Uterine infection is the commonest and is found in women in genital activity period with clinical signs such as bleeding that can be caused by sexual intercourse or that can be spontaneous and associated with vaginal discharge.[3,10-12]

Our patient was referred for a tumor of the cervix in a context of hydrorrhoea and chronic pelvic pain.

The colposcopy examination found milky vaginal discharge that corresponded to the casein.

Tuberculosis of the cervix occurs in several clinical forms:[2,13]

- An ulcerating form with increased volume of the cervix and vegetative or papillary forms;
- A miliary form with yellow and translucent granules a few millimeters in diameter;
  An interstitial form with a cervix infiltrated throughout its thickness by the granuloma;
- A form with endocervical polyps.

Our patient had an ulcerating and pseudotumoral form.

Colposcopy was unsatisfactory and evoked an invasive cancer of the cervix in its pseudotumoral form.

The diagnosis of tuberculosis of the cervix is based on pathological examination that revealed lympho-plasmacytic multinucleated giant cell granulomas called Langhans cells associated with central caseous necrosis.[2,3,9]

The Zielh Nielsen's Acid Fast Staining technique is confirming the diagnosis.[2,3,11]

The culturing has value only when it is contributory.[11]

For our sole patient, only a biopsy of the pseudotumoral lesions of the cervix was performed.

Isolated cervical disease is possible but rare and occurs through lymphatic spread, hematogenous spread of the tuberculosis or is sexually transmitted by a partner suffering from an epididymal or urogenital tuberculosis.[1]

The treatment of tuberculosis of the cervix is essentially medical and uses anti-TB drugs with two phases of treatment.[1]

The initial phase should be two months of treatment with Isoniazid, Rifampicin, Pyrazinamide and Ethambutol respectively at a dose of 5mg / kg, 10mg / kg, 25mg / kg, and 15mk/kg.[2,3,13]

Isoniazid and Ethambutol administered for six months as an alternative to the continuation phase and can be used when it's impossible to assess adherence, but this

treatment is associated with a higher rate of failure and relapse especially with HIV patients.[2,3]

In cases of failure of medical treatment, surgery is indicated for complicated forms like fistulas, abscesses, relapse or resistance to medical treatment.[11]

With this clinical fact we have learnt that the diagnosis of tuberculosis of the cervix is difficult and we should bear in mind that the lesion is based on a non-indurated area that rarely bleeds.

Vaginal bleeding should be differentiated from casein.

In case of doubt, rectal examination can help the diagnosis by finding a rectovaginal septum and flexible parameters.

The biopsy is essential for diagnosis.

CONCLUSION

The diagnosis of tuberculosis of the cervix is more difficult than we often think.

It's necessary to always remember that cervical tuberculosis is located on a flexible basis and rarely bleeds in contact in contrast with cervical cancer.

In all cases, when faced with this noisy painting, a biopsy of the cervical pathology is required.

Diagnosis can also be easily rectified in doubt using pelvic touches that can reveal flexible vagina, parameters and rectovaginal septum in the case of cervical tuberculosis unlike cervical cancer where these anatomical elements are infiltrated and indurated.

The treatment of tuberculosis of the cervix is essentially medical.

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