

Case Report

An interesting case of Genital Tuberculosis presenting as primary amenorrhea

Authors:

¹Dr. Shobha Mukherjee, ²Dr. Jyoti Bhati (Jr-2) ,

^{1,2}Department of OBGY, Rohilkhand Medical College and Hospital

Corresponding Author: Dr. Shobha Mukherjee, Department of OBGY, Rohilkhand Medical College and Hospital.

Article Received: 23-09-2022

Revised: 13-10-2022

Accepted: 03-11-2022

ABSTRACT:

BACKGROUND:

Genital tuberculosis more commonly presents as secondary amenorrhea. Most of the patients are asymptomatic and are usually diagnosed during evaluation for infertility. Genital Tuberculosis may rarely, present as primary amenorrhea. Incidence of primary amenorrhea due to genital TB is 2.5%, we are presenting a case of such patient.

CASE REPORT:

18 years unmarried female presented as a case of Primary amenorrhea with normal height & well developed secondary sexual characteristics. USG whole abdomen revealed uterus size-5.2 cm x 3.8 cm x 2.6 cm, Endometrial thickness-25 mm, b/l ovaries normal. Diagnostic hysterolaparoscopy was done & biopsy of endometrial tissue showed chronic granulomatous lesion, strongly suggestive of genital Tuberculosis.

CONCLUSION:

Primary amenorrhea constitutes less than 1 % of patients in OPD which requires proper evaluation, mostly tuberculosis is not thought to be the only cause, but our case showed it, so has to be included in the differential diagnosis.

KEYWORDS- *Genital Tuberculosis, Primary amenorrhea*

INTRODUCTION:

Primary amenorrhea is defined as the absence of menses by 13 years of age when there is no visible development of secondary sexual characteristics or by 15 years of age in the presence of normal secondary sexual characteristics. (1). The burden of genital TB in females is underestimated as most of the patients are asymptomatic and usually presents as secondary amenorrhea and infertility. Incidence of primary amenorrhea due to genital TB is 2.5%. (2) Genital TB is mostly secondary to pulmonary TB or extrapulmonary foci such as kidneys, meninges, skeletal system and gastrointestinal system. TB bacilli infect the genital tract by four routes haematogenous route (with lungs as the common primary focus), descending direct spread, lymphatic spread and rarely as primary infection of the genitalia through sexual transmission. The genital organs affected by Mycobacterium tuberculosis (in descending order of frequency) are as follows: fallopian tubes (95-100%), uterine endometrium (50-60%), ovaries (20-30%), cervix (5-15%), uterine myometrium (2.5%) and vagina/vulva (1%). Usually MRKH, Turner syndrome and CAH are identified as the 3 most important causes of primary amenorrhea, but genital Tuberculosis may rarely, present as primary amenorrhea and we are presenting a case of such patient.

CASE REPORT:

18 years unmarried female presented as a case of Primary amenorrhea.

ON EXAMINATION:

She had Normal height and well developed secondary sexual characteristics. The age of puberty of her parents was normal and there was no similar cases or genetic disease in the family. There were no signs of hyperandrogenism.

INVESTIGATIONS:

Transabdominal pelvic ultrasound showed a normal size uterus , both ovaries were normal. Follicle Stimulating Hormone (FSH), luteinizing hormone (LH), Thyroid Stimulating Hormone (TSH), prolactin was normal. Chest-X-Ray was normal .

PROCEDURE:

After informing the patient and her parents, an exploration of the uterus by hysteroscopy (fig.1) followed by laparoscopy was done. On hysteroscopy endometrial cavity was tubular with pale endometrium and uterine synechiae. Both ostia were not visualized. Endometrial sample was taken for histopathology. On laparoscopy flimsy adhesions around posterior wall of uterus were seen,(fig.2) both tubal fimbriae were not separately seen and were adhered to ovary, forming a tubo ovarian mass of 2 x 1 cm on the left.(fig.3) Biopsy of endometrial tissue revealed chronic granulomatous lesion,(fig.4) strongly suggestive of genital Tuberculosis.

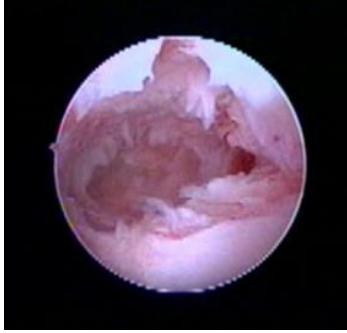


Fig1



Fig2



Fig3

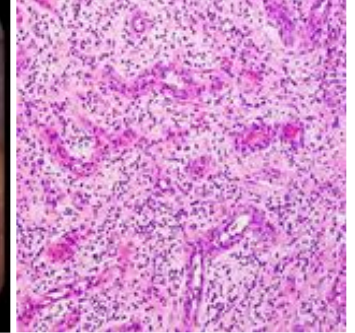


Fig4

DISCUSSION:

Our patient was asymptomatic for genital tuberculosis. Biopsy of her endometrial tissue revealed chronic granulomatous lesion, which suggests the differential diagnosis of sarcoidosis , tuberculosis & leprosy. The clinical presentation of our patient was primary amenorrhea which was an indication towards genital tuberculosis. The final diagnosis could not be made from the biopsy report and therefore, ZN staining for AFB was sent for confirmation which was positive.

CONCLUSION:

Primary amenorrhea constitutes less than 1 % of patients in OPD which requires proper evaluation, most common causes includes MRKH, Turner syndrome, CAH. Tuberculosis is not thought to be the cause, but our case showed it, so it has to be included in the differential diagnosis.

REFERENCES:

- 1) Berek, Jonathan S., and Deborah L. Berek. Berek & Novak's Gynecology. Sixteenth edition. Philadelphia: Wolters Kluwer, 2020.
- 2). Rao K, Pillai NV .Primary Amenorrhea (analysis of 40 cases) J Indian MediAssoc 1991;89:42-43