Problems In The Early Diagnosis Of Genital Tuberculosis

by

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Genital tuberculosis is found in 3-4 per cent of necropsies in women and 7-8% of those who had pulmonary tuberculosis. Although the incidence of pulmonary tuberculosis is 154 per 100,000 population in Peninsular Malaysia (Global Epidemiology of Tuberculosis 1967), our experience of genital tuberculosis in Malaysia is infrequent. Between 1968 and 1973, out of a total of 8,644 gynaecological admissions there were only six cases of genital tuberculosis. Moreover out of a total of 493 infertility cases seen between 1968 and 1971 only in one case was genital tuberculosis confirmed. The reason for this infrequent occurence of genital tuberculosis here may be because this is a peculiarity to this part of the world. But on the other hand it may be possible that we may be missing some cases here.

SYMPTOMATOLOGY:

AGE

This ranged from 22 years to 48 years as shown in Table 1.

SYMPTOMS

The patients presented with a variety of symptoms, namely infertility, pain, fever, menstrual disorders, or a mass in the abdomen. Table 1 shows the mode of presentation of these cases.

PAST HISTORY

None of these patients gave a history of previous pulmonary tuberculosis or even family history of tuberculosis.

CLINICAL FEATURES

The findings that were detected in these cases are given in Table II. Patient number 6 initially had a pelvic abscess but it was not until she developed sub-phrenic abscess six months later that a diagnosis of pelvic tuberculosis was made.

The time taken between the initial diagnosis and the final correct diagnosis varied from patient to patient. Table III illustrates the time taken in the diagnosis.

In none of these cases was an initial diagnosis of genital tuberculosis made. The initial and final diagnosis is given in Table IV.

The investigations that were done in each of the individual is given in Table V and Table VI.

DISCUSSION:

The presentation of these six cases of genital tuberculosis are varied in certain respects. Although one patient was investigated for infertility initially, three of the patients did not have any children although they were married. Abdominal pain was the main symptom in four patients and this corresponds with most of the series reported (Sutherland, 1943: Schaffer, 1965)

The mode of presentation had been difficult in each case so that each mimicked some other condition. As we can see from table IV, the initial diagnosis was never tuberculosis. The last two cases were only diagnosed at a later period for they both presented as acute salpingitis or pelvic abscess. Only when the tubes were sent for histology that a diagnosis of genital tuberculosis was made.

In all these cases there was no history of tuberculosis or even any evidence of tuberculosis in the chest. This suggests that genital tuberculosis is often a complication of mild forms of pleuro-pulmonary tuberculosis. (International Symposium on Female Genital TB 1964).

The correct diagnosis was arrived at histologically in five of these cases and this seems to be the best aid since there seems to be a relatively lower incidence of this condition in Malaysia. Again the fallopian tubes were affected in all the three cases that have been sent for histology. Except for the two cases where tuberculosis was confirmed by culture and Guinea Pig Innoculation, the rest were based on histological diagnosis.

CONCLUSIONS

The incidence of genital tuberculosis seems to be rare in Malaysia and the early diagnosis is often difficult. Hence clinicians should be on the look out for it, in order to avoid delay in diagnosis. Histological diagnosis is more useful although additional information from culture, guinea pig innoculation would be most helpful.

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TABLE I

AGE AND SYMPTOMS OF PATIENTS

Patients	Age	Infertility	Pain	Fever	Menstrual Disorders Amenorrhoea	Oligomenorrhoea	Mass In The Abdomen
1	30	+	—	—	—	—	—
2	22	—	+	—		+I	+
3	48	—	+	—	—	—	+
4	31	—	—	—	+I	—	—
5	25	—	+	—	—	+L	—
6	25	—	+	+	+L	—	—
		1	4	1	2	2	2

+ Present
— Absent

I When Initially Seen
L Follow-up

TABLE II

CLINICAL FEATURES

Patients	Tenderness Over Abdomen	Mass In Abdomen	Tenderness Over Fornix	Pelvic Abscess
1	−	−	−	−
2	−	+	−	−
3	−	+	−	−
4	−	−	+	−
5	+	−	−	−
6	+	−	+	+
	2	2	2	1

+ Present   − Absent

TABLE III

PERIOD BETWEEN INITIAL AND FINAL DIAGNOSIS

Patients	Initial	Final	Time Lapse
1	19.8.68	15.11.68	3 months
2	3.2.71	26.3.71	1½ months
3	1.8.72	18.8.72	17 days
4	30.7.73	15.8.73	16 days
5	23.12.72	13.3.74	1 year 4 months
6	16.2.73	16.10.73	8 months

TABLE IV

INITIAL AND FINAL DIAGNOSIS

Patients	Initial	Final
1	1° Infertility − ? Cause	Genital TB − TB Endometritis
2	(L) Ovarian Tumour − Tubo-Ovarian Mass	Genital TB
3	Ovarian Tumour	Genital & Peritoneal TB
4	Ovarian Tumour	Genital TB
5	Acute Salpingitis	Genital TB − TB Salpingitis
6	Pelvic Abscess & Subphrenic Abscess	Genital TB − TB Salpingitis

TABLE V

INVESTIGATIONS

Patients	X-Ray Chest	ESR mm/hr	Histology	Culture	Guinea Pig Innoculation
1	Negative	30	Material Insufficient	Positive	Positive
2	Negative	46	TB	Positive	Positive
3	Negative	68	TB	Negative	Negative
4	Negative	35	TB	Negative	Negative
5	Negative	27	Suggestive of TB	Negative	Negative
6	Negative	30	TB Salpingitis	Negative	Negative

TABLE VI

TYPES OF TISSUES SENT FOR HISTOLOGICAL DIAGNOSIS

Patients	Endometrium	Tubes	Ovarian	Modes & Others
1	Material Insufficient	Not Taken	Not Taken	Not Taken
2	Negative	Positive	Positive	Positive
3	Not Done	Not Taken	Not Taken	Positive
4	Negative	Not Taken	Biopsy Negative	Positive
5	Negative	Positive	Negative	Negative
6	Negative	Positive	Negative	Negative