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Title: LAPAROSCOPIC AND HYSTEROSCOPIC EVALUATION OF FEMALE GENITAL TUBERCULOSIS IN INFERTILITY AND PREGNANCY OUTCOME: A RETROSPECTIVE STUDY.





INTRODUCTION

- Female genital tuberculosis (FGTB) is an important variety of extrapulmonary TB causing significant morbidity, especially infertility, in developing countries like India. [1]
- •FGTB is observed in about 5-30 per cent of infertility cases.
- •The genital organs affected by FGTB are fallopian tubes (95-100% cases), uterus(50-60% cases), ovaries(20-30% cases), cervix(5-15% cases), uterine myometrium(2-5% cases), vulva and vagina(1%).
- •Inspite of availability of various tests, diagnosis of FGTB remains elusive due to its paucibacillary nature.

OBJECTIVES

To evaluate the hysteroscopic and laparoscopic findings in infertile females and to determine the fertility outcomes after diagnosing genital tuberculosis followed by ATT.

MATERIALS AND METHODS

- •Retrospective study was conducted on infertile women in Dept. of OBGY, TMMC&RC, Moradabad from Sept 2023 to 2024.
- 90 women who clinically suspected of tuberculosis and underwent diagnostic hysteroscopy and laparoscopy were included in the study . 76 women who were suspected of having positive findings suggestive of tuberculosis were subjected to the Anti tubercular treatment.

RESULTS

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Hysteroscopy findings	Frequency (n=76)	Laparoscopy findings	Frequency (n=76)
Periosteal fibrosis	51	Abdominopelvic adhesions	72
Pale endometrium	43		
3.6' 1	20	Perihepatic adhesions	36
Micro polyp	20	Tethana amanallama blask	20
Intrauterine adhesions	21	Isthmo ampullary block	28
Tubercle	7	Hydrosalpinx	23
Endometrial polyp	10	Pyosalpinx	25
Focal hyperaemia	6	Tubo-ovarian mass	23
Diffuse hyperaemia	4	Beaded tubes	24

Out of 90 recruited patients, 76 patients were suspected positive of TB and started on ATT on basis of endoscopic findings

CBNAAT was performed for all 76 suspected patients (sensitivity of CBNAAT in my study is about 34.4% and specificity is 97%)

CBNAAT positive (n=26)
Patients were of early TB
Out of which 8 patients
conceived

CBNAAT negative (n=50)
Patients were of late TB
Out of which 2 patients
conceived

CONCLUSION

Traditional methods include AFB on endometrial or peritoneal biopsy or epitheloid granuloma on biopsy or positive gene expert or PCR. But none of the tests has good sensitivity. Diagnostic laparoscopy and hysteroscopy can detect many cases missed by HPE thereby composite reference standard is a useful method to diagnose and treat genital tuberculosis.

REFERENCES

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