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Title: GENITAL TUBERCULOSIS – A CASE REPORT

INTRODUCTION: Genital tuberculosis remains a significant cause of pelvic morbidity. Often presenting with non-specific symptoms leading to delayed diagnosis. Commonly caused by mycobacterium tuberculosis. Incidence high (5-10%) among patient with infertility. Incidence of genital tuberculosis varies with social status of patient and her environment.

CASE REPORT: A 31-year-old female presented with complaint of pain abdomen since 3 months. Complaint of mass per abdomen since 3 months. Complaint of weight loss since 2 month.

Obstetric history: P2L3 – LCB – Twins. tubectomised 7 year back. Regular menstrual cycles.

On examination:

- **Per abdomen:** Pfannenstiel scar present healthy. Mass of 16-18 weeks gravid uterus size. Borders made out, lower border not made out, surface is smooth.
- **Bimanual examination:** Mass of 16-18 weeks size felt, movement is not transmitted to cervix. Anterior fornice is free, posterior fornice mass felt.

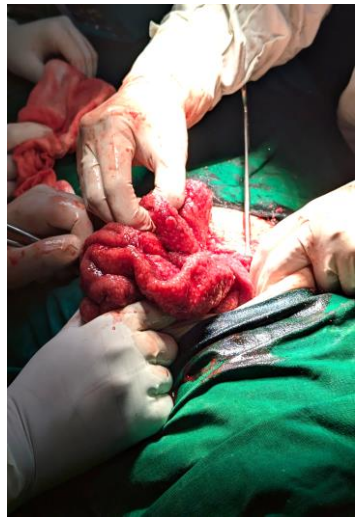
Procedure: Under spinal anaesthesia, exploratory laparotomy followed by omental biopsy taken.

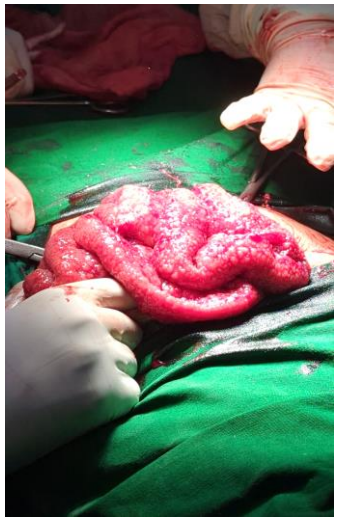
OT: Multiple military tubercles + over uterus, omentum, small bowel, liver surface, omental caking noted. No ascites, calcification noted over anterior. Lower half of uterine surface.

Investigation: USG – ill defined heterogenous lesion with few cystic areas in right adnexa with echogenic collection in pouch of Doughlas. S/o – right tubo-ovarian mass. Cystic lesion in left ovary, moderate ascites. Right sided pleural effusion.

CF MRI Pelvis: Bilateral tubo-ovarian abscess in retrouterine space (POD). Ascites with features of peritonitis – suggested tubercular workup for genitourinary tuberculosis. CBNAAT – MTB detected. CA12-462.

Histopathology: Caseating granulomatous lesion.





MANAGEMENT: Multiple drug therapy in adequate doses and for sufficient duration is the mainstay in the treatment of TB. Anti tuberculous therapy (ATT) 4 or 6 month. Intensive phase (2 month), continuation phase (4 months). For primary OR secondary drug resistant FGTB longer oral regimen with 18-20 months OR shorter regimen given for 9-12 months. TB in HIV positive woman is same as HIG negative women.

CONCLUSION: Genital tuberculosis is a major cause of infertility in endemic areas and can lead to serious reproductive health issue if left untreated. Early detection, appropriate treatment close monitoring are key to improving patient outcomes.

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