

## Genital Tuberculosis Masquerading Cervical Carcinoma

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**Introduction:** Tuberculosis is a chronic bacterial infection that primarily results in pulmonary disease. Although there are several reported extrapulmonary tuberculosis cases, very few reports have described this disease in the female genital tract.

**Case:** Presented is an unsuspected case of a 42-year-old G2 P2 (2002) who presented with amenorrhea for 2 years duration associated with copious non-foul smelling yellowish vaginal secretions and post-coital vaginal spotting. Speculum examination revealed an abnormal looking cervix which exhibited an irregular friable growth that easily bled on touch. The ectocervix and part of the endocervix were covered with serosanguinous discharge. Bimanual pelvic examination revealed non-tender cervical mass measuring 4x3 centimeters and a normal-sized, anteverted mobile uterus. The adnexa was unremarkable and bilateral

forfices were free. On the rectovaginal examination, both parametria were nodular, and rectal mucosa was smooth and freely mobile. Clinically, cervical cancer was suspected. However, on cervical punch biopsy, histopathologic findings revealed tuberculosis of the cervix. The patient was treated as a case of extrapulmonary TB and was given with Isoniazid 300mg, Rifampicin 450mg, Pyrazinamide 1500mg and Ethambutol 800mg for two months followed by a continuous phase with Isoniazid and Rifampicin for four months.

**Discussion:** Tuberculosis is associated with a significant inflammatory reaction, which may mimic a gynecologic malignancy on physical or diagnostic imaging. Despite the rare incidence, tuberculosis of the cervix should be considered in the differential diagnosis when cervical carcinoma is initially suspected.