

Case Blog

Vulval Tuberculosis Mimicking Malignancy – A Diagnostic Dilemma

Sharma R* and Bhartiya V

Department of Obstetrics & Gynaecology, Guru Teg Bahadur Hospital, University College of Medical Sciences, Delhi, India



Figure 1: Cauliflower like growth in lower one-third of perineum.

Abstract

Extrapulmonary tuberculosis can occur in conjunction with pulmonary focus or in isolation. Tuberculosis of vulva and vagina is rare and is seen in only 1% of genital TB that usually occurs in women of reproductive age. We report a case of postmenopausal woman with isolated vulval tuberculous lesion that clinically mimicked malignancy.

Keywords

Vulval tuberculosis; Vulval malignancy; Cauliflower growth.

Case presentation

A 72 years old postmenopausal woman was referred with the diagnosis of vulval malignancy, she presented with 4x3 cms irregular friable cauliflower growth that bleeds on touch, present on lower one third of labia majora and minora (Figure 1). Although clinically it mimicked vulval malignancy but punch biopsy histopathological examination showed granuloma consisting of clusters of epithelioid and langhans cells, suggestive of tuberculosis. She was started on antitubercular drugs and after 2 months the lesion regressed by 50% and after 4 months of completion of ATT normal anatomy of vulva was restored.

Discussion

Tuberculosis of vulva and vagina is rare, seen in only 1% of genital TB and usually occurs in women of reproductive age [1]. Vulval

*Corresponding author: Dr. Richa Sharma, Department of Obstetrics & Gynaecology, Guru Teg Bahadur Hospital, University College of Medical Sciences, Delhi, India, Tel: 91-9868399747; E-mail: gautamdrichal@gmail.com

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TB usually is the extrapulmonary manifestation of primary focus at lungs but venereal transmission also can occur from infected male partner, harbouring tuberculous epididymo-orchitis [2]. It begins as a nodule which breaks down and forms irregular ragged ulcer. It may have varied presentation and mimics sexually transmitted diseases or malignancy [3]. Antitubercular drugs causes full regression of ulcer and histopathological confirmation is a necessity before radical surgery.

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