Tuberculosis Presenting as Uterine Prolapse in a Developing Community

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Abstract

Uterine prolapse has interested mankind from antiquity. Several aspects of it have been reported from diverse countries. Based on the suggestion from a group that the establishment of a histopathology data pool facilitates epidemiological analysis, this paper comes from such a pool serving an ethnic group in a developing community. The case concerns the surgical repair that yielded a specimen which proved to be the exhibition of tuberculous granulomata. Therefore, it deserves some documentation.

Keywords: Uterus; Prolapse; Operation; Biopsy; Tuberculosis

Case Report

AF, an Igbo patient aged 25 years, presented with uterine prolapse at the Nigerian Christian Hospital, Aba, to one of us (HF). She was prepared for operation which was carried out. It was noted that the peritoneal surfaces were seeded all over with various sized nodes from 2mm to 2cm.

The senior author (WO) received a whitish globular tissue 2cm across. Microscopy revealed characteristic tuberculous granulomas. Curiously, healing with fibrosis appeared to be taking place.

Discussion

The subject of uterine prolapse has been contributed to from countries as diverse as UK [4], Russia [5], USA [6], The Netherlands [7], and Israel [8]. Points of interest have varied. Thus, it has been queried whether hysterectomy is necessary [9]. The factors that may increase a woman’s risk of uterine prolapse include her number of vaginal delivery of a large infant, increasing age, and frequent heavy lifting [10]. Indeed, a review of the subject included “urinary and faecal incontinence, obstructive defaecation and sexual dysfunction” [11].

According to USA associates [12] “Most patients with pelvic organ prolapse are asymptomatic”. Indeed, the underlying tuberculosis of our patient was not what brought her to our attention. Rather, it was the uterine prolapsed.

References
