

Correspondence

A rare location of extrapulmonary tuberculosis: the vulva

A 37-year-old woman (last childbirth 14 years ago) had been emotionally disturbed by a grotesque swelling in the vulval region for 10 years. For the last 7 years, she complained of ulceration in the swelling, white vaginal discharge and apareunia. Her menstrual cycles were regular with scanty flow. Cervical lymphadenitis at the age of 11 years had left puckered scars in the submandibular region. Local examination revealed a diffuse, non-tender swelling of the vulva with thickened skin, denuded epithelium and dense fibrosis. Inguinal lymph nodes were not palpable. Examination under anaesthesia revealed a healthy cervix and normal pelvic findings. The vulval biopsy was suspicious of tuberculosis. The chest radiograph was normal and the erythrocyte sedimentation rate was 50 mm at 1 h. Simple vulvectomy was performed and, as histopathology confirmed the diagnosis of tuberculosis of the vulva, antituberculosis treatment was started. At a follow-up 3 months later, the vulva appeared normal and the patient had marked symptomatic relief. She reported again 3 months later with an early intrauterine pregnancy!

Genital tuberculosis is common in the 20–40 year age group, and is almost always secondary to tuberculosis elsewhere in the body, usually the lungs. Vulval tuberculosis in our patient was probably secondary to tuberculous cervical lymphadenitis. Tuberculous lesions in the vulva present as small, shallow ulcers, multiple sinus tracts and scarring, as opposed to those seen in the internal genitalia where tubercle formation and caseation are characteristic features.¹ Vulval tuberculosis with esthiomene in a 35-year-old woman was reported from Tirunelveli, India.² This patient was managed with antituberculosis treatment alone and the lesion disappeared within 8 months of therapy. A simple vulvectomy was necessary in our patient as the vulval biopsy was inconclusive and, in addition, the patient had apareunia as a result of dense fibrosis of the vulva. Though tuberculosis of the fallopian tubes or endometrium is invariably associated with infertility, this is not true of tuberculosis of the vulva, as is evident in our patient.

About 10% of all cases of tuberculosis in India are extrapulmonary in location. While pulmonary tuberculosis is more common in the male, extrapulmonary tuberculosis commonly afflicts women and children.³ Tuberculosis of the vagina and vulva comprise only 1–2% of all cases of genital tuberculosis. Hence, a high index of suspicion is mandatory, especially in developing countries, to diagnose vulval tuberculosis.

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References

1. Schaefer G. Tuberculosis of the female genital tract. *Clin Obstet Gynecol* 1970; 13: 965–996.
2. Murugan S, Kaleelullah M C A. Vulval tuberculosis with esthiomene. *Indian J Tuberc* 1988; 35: 32–33.
3. Anonymous. Editorial : extrapulmonary tuberculosis. *Indian J Tuberc* 1985; 32: 115–116

Resistant tuberculosis: successful treatment with amikacin, ofloxacin, clofazimine and pas

Although potent drugs and effective antituberculosis regimens are available, drug-resistant tuberculosis is being encountered with alarming frequency. A recent study from India¹ revealed that prevalence of rifampicin resistance amongst treatment failure and relapse cases had increased significantly from 2.8% in 1980 to 37.3% in 1986. Further, 95% of these rifampicin resistant isolates were also resistant to isoniazid or streptomycin or both. This grim situation, along with the advent of acquired immunodeficiency syndrome (AIDS), has led to the search for antituberculosis agents amongst currently available drugs. We report a patient with pulmonary tuberculosis who had received almost all antituberculosis drugs continuously for 4 years, without relief. He however eventually responded to an antituberculosis regimen of amikacin, ofloxacin, clofazimine and para-aminosalicylic acid (PAS).

Case report

A 25-year-old, non-diabetic male, whose sputum was positive for acid-fast bacilli (AFB) in spite of continuous antituberculosis therapy for 4 years (Table) was referred for evaluation. Initially he had taken the drugs irregularly, but later therapy was monitored by his brother, a doctor. On presentation, the patient had been on a once-daily regimen of isoniazid 300 mg, cycloserine 500 mg,