

# A rare case of vulval tuberculosis

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## Case Report

A 49-year-old Chinese woman born locally was referred from internal physician for iron deficiency anaemia, painless vulval ulcers for 2 years and marked weight loss. On general examination she was cachectic but there were no lymphadenopathy or other abnormalities. Abdominal examination showed slightly enlarged liver only. The vulva was grossly inflamed with multiple ulcers (Figure 1), and was hard with multiple patches of depigmentation. There was papillary growth around the perineum and the anus (Figure 2). The vagina was also indurated with scanty thick discharge. The cervix was inflamed and rectal examination reviewed a frozen pelvis. The preliminary diagnosis was carcinoma of the vulva with involvement of the vagina and anus. The differential diagnosis included cancer of vagina or cervix or disseminated anal malignancy. First vulval biopsy showed suppurative granulomatous changes with Langhans' giant cells, but acid-fast bacilli (AFB) smear was negative. Further vulval biopsy showed acid fast bacilli on Ziehl Neelsen stain, compatible with the diagnosis of vulval tuberculosis (TB). Subsequent cervical and endometrial biopsy both confirmed presence of mycobacterium. The vulval TB culture finally confirmed presence of mycobacterium TB. HIV antibody test was negative. The patient was referred to a chest physician for anti-TB treatment. Her general condition was much better (gain in weight) but the vulva was still inflamed. Vulval biopsy 6 months later showed absence of AFB on histology and culture. The drug treatment was stopped after 9 months. On follow-up, there was no evidence of re-infection 1 year after the discontinuation of drug treatment. The source of infection in this patient was not known as she has no travel history nor family history of TB. The patient was not sexually active for many years. We were unable to contact the husband for screening and culture of the semen. She was not immunocompromised.

## Discussion

Vulval TB is very rare, and there were only 10 reported cases in the literature (mainly in developing countries). The presentation can be quite variable, and a vulval TB ulcer may be misdiagnosed as sexually transmitted disease like syphilis or chancroid<sup>1</sup>. A high index of suspicion coupled with a thorough histological review will usually give the correct answer. Without the latter, the patient may be under-treated as for chronic infection, or over-treated as for vulval malignancy. Radical surgery will create problems of non-healing wound. The optimal duration of treatment of vulval TB is not known. Most will follow the treatment duration of non-pulmonary TB (6-9 months). The general condition of the patient, clinical condition of the vulva (taking serial clinical photo for comparison), and the regular vulval biopsy may give a rough indicator for the continuation or termination of anti-TB treatment.



Figure 1. Grossly inflamed and hard vulva with ulcers simulating vulval carcinoma



Figure 2. Papillary growth at the perineum and anal area

## Reference

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