## Case Report

# Hypertrophic Tuberculosis of Vulva — An Unusual Case Report

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Vulval tuberculosis is a rare form of female genital tuberculosis causing less than 1.1% of genital tuberculosis cases. It can manifest as hypertrophic lesion or ulcerative lesion and may simulate vulval cancer necessitating vulval biopsy and histopathological examination to confirm the disease. A case of a 23 years old female presenting with large hypertrophic vulval tuberculosis confirmed on histopathology and treated by antitubercular therapy is presented.

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***Key words*** **: Female genital tuberculosis, vulval tuberculosis, biopsy, antitubercular therapy, hypertrophic lesion.**

According to WHO Global TB Report 2015, out of total 9.6 million tuberculosis (TB) cases in the world in 2014 there were 3.2 million cases in women[1]. Out of 1.5 million deaths which occurred due to tuberculosis in 2014 - 4,80,000 deaths occurred in women[1].

Female genital tuberculosis is an important cause of significant morbidity especially infertility in India[2]. It mainly involves fallopian tubes (90-100% cases), endometrium (50-80% cases), ovaries (20-30% cases), cervix (5-15% cases)[2,3]. Involvement of vulva and vagina is rare[2,3]. Lesions on vulva and vagina may present as hypertrophic lesions resembling malignancy, less often non healing ulcers in the vulva may be seen[4].

### Case Report

Mrs X 23 years old P1L1 female presented to the Department of dermatology and Gynaecology, All India Institute of Medical Sciences (AIIMS) with complaints of vaginal discharge, swelling and fissuring of genitalia since last 5 years. The patient developed the symptoms while she was pregnant. She underwent Lower segment Caesarean section (LSCS) for obstetric indication and developed vulval swelling in the post operative period. She was operated in a Private Hospital in Jaipur but recurrence occurred within a month. On examination her general condition was fair. Systemic examination was unremarkable. Local examination revealed involvement of vulva extending into adjacent perineal, gluteal and inguinal areas in the form tender bosselated firm to soft swelling 15-20 cm in size with irregular ulcers of 5 cm over both inguinal creases

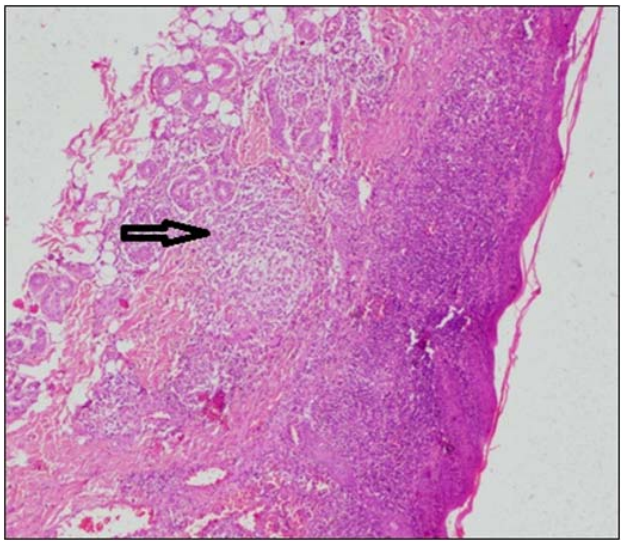

Fig 1 — Photomicrography shows (A) mild irregular acanthotic epidermis with dense band like chronic inflammation in the upper dermis along with a granuloma (Arrow)

(Figs 1-3). No inguinal lymphadenopathy. She was prescribed local antibiotic and steroid treatment which gave her no relief. Vulval biopsy was taken which showed epithelioid cell granulomas. Patient was started on Antii Tubercular Therapy (ATT) with rifampicin 450 mg, Isoniazid 300 mg, Ethambutol 1200mg and pyrazinamide 1500 mg. The patient is on follow up and showing improvement.

### Discussion

Tuberculosis of vulva is rare around 1% of all the female genital tuberculosis cases. Vulval lesions usually arise by direct extension from lesions in genital tract or from exogenous infection[5,6]. Exogenous infection can rarely be through sexual intercourse with a male partner suffering from either tuberculosis epididymitis, renal tuberculosis or tuberculosis of seminal vesicles[7,8]. Tuberculosis of Bartholin gland has also been described[9].

In the present case, the woman presented with hypertrophic lesions on vulva with significant edema of labia majora and elephantiasis like appearance of labia minora. The histopathology of vulval biopsy was

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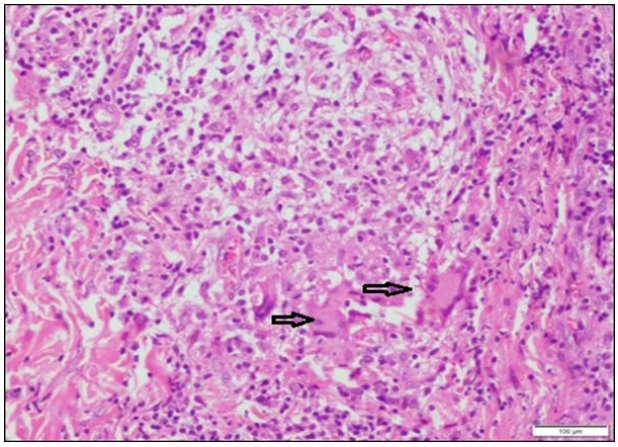

Fig 2 — (B) Higher magnification shows well-formed non necrotizing epithelioid cell granuloma with Langhans type of giant cell (Arrow). Stain for Acid-fast bacillus was negative

Fig 3 — A case showing vulval tuberculosis

suggestive of tuberculous granuloma and was put on anti tuberculous therapy.

Kumar *et al*[12] reported a large vulval tumor which was not responding to medical treatment. Surgical excision of this tumor was done and histopathological examination was suggestive of tuberculosis. Patient received ATT in post operative phase and recovered well. So a large tumor and vulval lesion may not respond to anti tubercular therapy and may require surgical removal followed by anti tubercular therapy for complete relief.

## Conclusion

Tuberculosis of vulva should be considered in differential diagnosis of a hypertrophic lesion of vulva necessitating vulval biopsy to rule out malignancy.

Compliance with ethical requirements and conflict of Interest: The patient gave informed consent before inclusion in the case study. The author does not have any conflict of interest.

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