



*Tuberculosis of the  
Genital Tractus*



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# Introduction

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- ★ Common condition in SA
- ★ Affects all groups of patients
- ★ Strong association with HIV
- ★ Clinical picture can vary depending on the site of infection





# Vulva

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★ Rare

★ Usually with infection elsewhere

★ “Apple jelly” nodule on labia

★ Ulcer

★ Histology: granulomata and Langhans giant cells





# Vagina

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- ★ Very rare
- ★ Usually with infection elsewhere
- ★ Very rarely sexually transmitted



# Cervix

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- ★ Very rare
- ★ Usually with infection elsewhere in the genital tractus
- ★ Non specific lesion – can be ulcerative
- ★ Lesion can look like CA cervix





# Endometrium

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- ★ Two groups of patients:
- ★ Women of reproductive age
- ★ Post-menopausal women



# Endometrium: reproductive

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★ Secondary to TB salpingitis

★ Can present with infertility



★ Biopsy to be taken late in cycle

★ Menstrual fluid for culture and microscopy





# Endometrium: post-menopausal

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★ Rare

★ No cycle → ↑ infection → bleeding

★ Diagnosis on histology







# Fallopian tubes

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- ★ Mostly as result of infection elsewhere in the body
- ★ Haematogenous spread of organisms to tubes from lungs, GIT lymphatics, peritoneum
- ★ Tubes fibrotic and focal calcifications with normal fimbriae and open ostia
- ★ Can look like CA





# Ovaries

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★ Rare

★ From tubes or haematogenous spread

★ Granulomata in ovarian cortex





# Conclusion

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- ★ Most manifestations of genital tract TB associated with TB elsewhere in the body or in the genital tract
- ★ Very rarely an isolated finding
- ★ Clinical picture can vary
- ★ Need histology for diagnosis





*Thank you*