

Isolated Ovarian Tuberculosis Mimicking an Endometrioma: A Case Report

S Sen¹, J Agarwal², G Sen³

¹Mohak Hospital, India

²Cytocare Pathology, Prayagraj, India

³Central Railway Hospital, Prayagraj, India

Country: India

Introduction

Ovarian tuberculosis presenting as an isolated ovarian mass is a rare form of extra-pulmonary tuberculosis. Most cases are initially diagnosed as ovarian malignancy due to atypical symptoms and similar radiological features. This is the first report of an ovarian tuberculosis mimicking an endometrioma in an infertile woman.

Case Report

A 31-year-old woman with history of regular cycles, BMI 21 presented with primary infertility of 3 years. Vaginal examination revealed a retroverted fixed uterus with right adnexal tenderness.

Her Hb was 10 g/dl and WBC count was 14200cells/mm³. Anti Mullerian Hormone (AMH) was low (<0.3).

Transvaginal ultrasound revealed bilateral repositioned adherent ovaries. Right ovary showed well-defined thin walled cystic lesion of 4.8 x 3.8 cm with hypoechoic solid intracystic component within it suggestive of endometrioma. Left ovary had 2-3 antral follicles. Hysterosalpingography showed bilateral tubal block.

Laparoscopy with hysteroscopy was planned. Chest X-ray was normal. Bilateral adherent ovaries encased within a fibrous sheet was seen on posterior uterine wall with a right ovarian cyst. While performing adhesiolysis, cheesy material oozed out of the cyst.

Histopathology report of paratubal encased cheesy material showed a nodule with caseous necrosis in the lumen and a fibrous wall infiltrated by lymphocytes, epithelioid cells, few histiocytes and an occasional giant cell. Endometrial tissue showed proliferative changes with no granulomas. The findings were compatible with a tuberculous nodule with extensive necrosis in paratubal region.

Patient is presently on anti-tubercular treatment and has been counselled for Invitro fertilization with donor ovum.

Conclusion

Ovarian tuberculosis can present as an ovarian mass mimicking an endometrioma on sonography. Infertility is due to reduced ovarian reserve or complete ovarian destruction. Our case highlights the importance of laparoscopic evaluation for confirmation of diagnosis to ensure immediate and adequate treatment, especially in countries where tuberculosis is endemic.

Key Words: Infertility, Endometrioma, Ovarian tuberculosis.