

Peritoneal Tuberculosis in Suspected Ovarian Malignancy: A Case Report

M Akmal Aizat Bakhori, Ridzuan Abdullah, Nurul Iftida Basri

Department of Obstetrics and Gynaecology, Hospital Seberang Jaya, Pulau Pinang

ABSTRACT

Introduction: Tuberculosis (TB) has been among the top ten causes of death worldwide. Despite being treatable, over 1.3 million infected patients died from the disease. Extra-pulmonary TB continues to be a significant health problem and poses a challenge to the clinician due to its atypical presentation. **Methods:** Case report. **Results:** Case 1: A 45-year-old, para 3 presented with right adnexal mass, left sided pleural effusion and ascites. Pelvic and abdominal ultrasound showed the presence of bilateral ovarian tumour suspicious of malignancy which metastasized to the lungs. Case 2: A 32-year-old, para 2 presented with right lower abdominal pain and abdominal distension for 2 weeks. Examination showed the presence of ascites. CECT thorax, abdomen and pelvis (TAP) showed the presence of right complex adnexal mass, ascites with mesenteric and omental fat thickening suspicious of peritoneal carcinomatosis. Ca125 was raised in both cases. Diagnostic laparoscopy was performed in both cases. Tissue biopsy from the omentum and peritoneal wall showed granulomatous inflammation suggestive of peritoneal TB. Both patients were given a course of anti-TB drugs and they responded well. **Conclusion:** Peritoneal TB comes with various signs and symptoms. It can mimic ovarian or peritoneal malignancy. Women who present with abdominal mass and ascites, may mistakenly be diagnosed as such. This leads to unnecessary laparotomy, radical surgery with bilateral adnexectomy with its associated morbidity. A careful and thorough examination while keeping in mind possible diagnosis of peritoneal TB can prevent patients from unnecessary major surgical intervention. With correct diagnosis, TB responds well to medical treatment alone.

Visual Inspection of Acetic Acid (VIA) to Detect Pre-Cancerous Cervical Cancer in Rural Areas of Sarawak

K Mardiana¹, RJ Abigail¹, I Awi¹, YK Yee¹, L Soe¹, SY Myat¹, MK Mi¹, S Thidar¹, NS Harris²

¹Department of Obstetrics and Gynaecology, Faculty of Medicines and Health Sciences, University Malaysia Sarawak, Kota Samarahan, ²Department of Obstetrics and Gynaecology, Sarawak General Hospital, Kuching

ABSTRACT

Introduction: Cervical cancer is still the leading cause of gynaecological cancer in Sarawak. Low awareness on cervical screening and logistic problems are the main reasons for delay in diagnosis, especially in rural areas. Although pap smear screening had been implemented for decades, failure to get early treatment and frequent defaulters are factors that need to be tackled for rural women. **Objectives:** The Sarawak Travelling Women Health Project is aimed to improve pre-cancerous cervical cancer detection in rural areas using the Visual Inspection of Acetic Acid (VIA) method. This project also helps to shorten the duration of follow up and treatment for patients with pre-cancerous lesion of cervix. **Methods:** Cervical screening campaigns outside Kuching areas were conducted from June until December 2018 by the Obstetrics and Gynaecology Department of Universiti Malaysia Sarawak (UNIMAS) in collaboration with Pink and Teal Empower, a Non-Government Organization. VIA was performed for all women below 50 years old. Patients with positive VIA were a colposcopy appointment and cervical biopsies are taken at the clinic. **Results:** During the campaign period, 83 out of 333 women were found to be VIA positive, but only 47 women turned up for the colposcopy. This high number of defaulters is mostly due to logistic reasons. Two cervical biopsies were confirmed as Cervical Intraepithelial Neoplasia (CIN) 2, 15 cases with CIN 1, one case of microglandular hyperplasia while 19 biopsies turned out to be cervicitis. The pickup rate for CIN during the outreach was about 20.4%. **Conclusion:** VIA is useful in low resource area with difficult access to tertiary centres as it enables faster diagnosis for CIN. However, proper training is needed to avoid false positive results and unnecessary intervention. To reduce the rate of defaulters, cervical biopsy for VIA positive women should be done in the field during the same setting.