

Vulvar Tuberculosis: A Rare Entity Mimicking Vulvar Malignancy

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Abstract: Tuberculosis is a chronic infectious disease caused by *Mycobacterium tuberculosis*. Although the lungs represent the primary site of infection, virtually any organ may be affected, except for skin appendages. Extrapulmonary tuberculosis accounts for approximately one-third of all tuberculosis cases and is more commonly observed in immunocompromised individuals. Histopathological examination remains the cornerstone of diagnosis, typically revealing epithelioid and multinucleated giant-cell granulomas associated with caseous necrosis. Vulvar involvement is an exceptionally rare manifestation of the disease and may lead to significant diagnostic difficulties due to its nonspecific clinical presentation. We report a case of vulvar tuberculosis to highlight the diagnostic challenges associated with this unusual localization and to emphasize the importance of early recognition and appropriate management.

Keywords: Vulvar Tuberculosis; Genital Tuberculosis; Extrapulmonary Tuberculosis; *Mycobacterium Tuberculosis*.

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I. INTRODUCTION

Tuberculosis is a communicable infectious disease that requires mandatory notification to public health authorities [1]. Despite advances in treatment, it remains a major public health concern due to its associated morbidity and mortality. Prevention relies primarily on Bacillus Calmette–Guérin (BCG) vaccination, a live attenuated vaccine administered intradermally [2].

Genital tuberculosis is a form of extrapulmonary tuberculosis that mainly affects women of reproductive age. The fallopian tubes are the most commonly involved site, followed by the endometrium [3]. In contrast, vulvar involvement is exceptionally rare, accounting for approximately 1% of cases of female genital tuberculosis [4].

The treatment of tuberculosis is based on a multidrug antituberculous regimen consisting of an intensive phase of two months combining isoniazid, rifampicin, pyrazinamide, and ethambutol, followed by a continuation phase of four months with isoniazid and rifampicin. Before treatment initiation, a comprehensive pre-therapeutic assessment is recommended, including liver function evaluation and ophthalmologic examination.

During pregnancy, streptomycin is contraindicated because of its potential fetal ototoxicity. In addition,

rifampicin may be associated with an increased risk of maternal and neonatal hemorrhage; therefore, vitamin K prophylaxis is recommended to prevent this complication [5].

➤ Patient Observation

A 36-year-old woman presented with chronic vulvar pruritus persisting despite appropriate medical management. Clinical progression was marked by the appearance of an ulcerative lesion involving both the labia minora and labia majora, prompting further diagnostic evaluation.

➤ Clinical Examination

The ulceration affected both the labia minora and labia majora and extended partially to the clitoral area.



Fig 1 Clinical Examination



Fig 2 Pelvic and Inguinal Ultrasound

Inguinal lymph nodes showed preserved architecture, with no evidence of lymphadenopathy.

- HPV typing was performed and revealed no abnormalities.
- Chest radiography was normal.

➤ *Histopathological Examination*

The tissue showed an epithelioid and multinucleated giant-cell granulomatous reaction, with the presence of Langhans-type giant cells, associated with foci of caseous necrosis.

II. DISCUSSION

Because of its rarity, vulvar tuberculosis represents a significant diagnostic challenge. Its clinical polymorphism may mimic several conditions, including sexually transmitted infections such as syphilis, chancroid, or recurrent genital herpes. In addition, other inflammatory and autoimmune diseases, particularly Behçet's disease, lupus, and Crohn's disease with genital involvement, should also be considered in the differential diagnosis of any chronic vulvar ulceration [6].

This observation highlights the importance of considering vulvar tuberculosis in the differential diagnosis of any chronic, atypical, or treatment-resistant vulvar lesion, even in the absence of systemic symptoms. Early clinical suspicion allows prompt diagnostic investigation and appropriate management, thereby improving prognosis and reducing diagnostic delay.

Female sex and HIV infection are recognized risk factors for the development of extrapulmonary tuberculosis [7].

The clinical presentation of female genital tuberculosis is highly variable and largely depends on the stage at which the disease is diagnosed. The latent form is the most frequent and is often discovered during infertility workup, requiring additional investigations such as pelvic ultrasound, hysterosonography, or hysteroscopy. In contrast, the acute form presents with more suggestive clinical symptoms, facilitating diagnosis. Finally, the pseudotumoral form represents a major diagnostic challenge due to its similarity to ovarian malignancy. In this context, advanced imaging

techniques, and sometimes diagnostic laparoscopy with biopsy, may be required to establish a definitive diagnosis [8].

III. CONCLUSION

Vulvar tuberculosis is a rare condition that may mimic vulvar cancer. Appropriate management is essential to establish an etiological diagnosis and to consider this disease in the differential diagnosis of any chronic or atypical vulvar lesion, particularly in tuberculosis-endemic countries.

➤ *Ethics Committee Authorization:*

Our institution does not find any conflict of ethics committee.

➤ *Author Contribution :*

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- Amine LAMRISSI, Mohamed JALAL, Said BOUHYA : Bibliography, written direction.

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- Maha Lhaloui.

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