Ovarian Tuberculosis in a Developing Community

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Abstract
From North East Nigeria, a recent study reported a patient whose ovarian tuberculosis masqueraded as ovarian cancer in association with HIV infection. Therefore, 4 cases are documented here in respect of the South East Region of this developing country. The lesion is discussed with reference to countries as far apart as India, Iran, Madagascar and Pakistan. All point to the remedial action of antituberculous drugs as well as the need for developing national guidelines so as to avoid unnecessary laparotomies.

Keywords: Ovary; Tuberculosis; Drug therapy; Developing communities; Laparotomies; Ovarian tuberculosis; Ovarian cancer; Epidemiological analysis; Secondary infertility; Malignancy; Masquerading of cancer; HIV infection; Immigration; Ethnic group; Pathologist; Biopsy specimens; Enugu; Birmingham; Central laboratory; Epidemiological analysis

Introduction
Recently, researchers based in Maiduguri, North Eastern Nigeria, reported a 35-year-old HIV-1 positive housewife, who turned out to have ovarian tuberculosis masquerading as ovarian cancer [1]. Therefore, the present report comes from the South Eastern part of the country with special reference to the ethnic group called the Ibo/Igbos [2]. There are 4 local cases and their presentation is compared with those from India [3-5], Iran [6,7], Madagascar [8] and Pakistan [9]. In this context, discussing them all is deemed to be worthy of documentation.

Investigation
The Birmingham (UK) group postulated that the establishment of a histopathology data pool improves epidemiological analysis [10]. Now, it so happened that I became the pioneer pathologist at Enugu, South Eastern Nigeria, from 1970, at the Regional Reference Laboratory. Therefore, since I emphasized that biopsy specimens must be accompanied by adequate epidemiological data, their analysis was relatively simple using the tabular form.

Results
At a glance, all were right-sided curiously. Apart from Enugu, the rest were received from distant towns. Half of the presentation was to secondary infertility and the other half to the masquerading of cancer. As the ages ranged from 24 to 35 years, the average was 31 years.

Discussion
The above 31 years average is near to the 35 years of the fellow northern Nigerian [1]. Her illness was not due to HIV infection like the Northerner. Elsewhere, the relative young ages of the sufferers was reported from India [3-5]. Indeed, other countries could be mentioned, namely, those in Asia, the Middle East, and Latin America as being immigration sources of this problem, this being a contribution from an Iranian group [6]. Madagascar also falls into this picture [7].

Two of the local cases which cropped up were because of secondary infertility. In contrast, Pakistan cases involved 2 unmarried women aged 20 and 31 years respectively [8]. Indeed, a welcome conclusion came from that country, namely, “Clear guidelines should be developed nationally owning to the high prevalence of tuberculosis in our country to avoid unnecessary laparotomies.”

Incidentally, this series illustrates something of national importance. It rests on the Birmingham (UK) group’s postulates that the establishment of a histopathology data pool enhances epidemiological analysis [9]. Such a pool made it possible to contribute this paper personally. Indeed, much as some debated in UK the usefulness of a central laboratory to distant doctors [10], Table 1 shows that only one case emanated from Enugu, the remaining three towns being distant. This compares favorably with my reported experience [11,12].

Table 1: Epidemiological data on ovarian tuberculosis.

<table>
<thead>
<tr>
<th>No</th>
<th>Initials</th>
<th>Age</th>
<th>Side</th>
<th>Town</th>
<th>Provisional Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IC</td>
<td>24</td>
<td>R</td>
<td>Umuahia</td>
<td>Secondary infertility</td>
</tr>
<tr>
<td>2</td>
<td>ON</td>
<td>28</td>
<td>R</td>
<td>Aba</td>
<td>Secondary infertility</td>
</tr>
<tr>
<td>3</td>
<td>NC</td>
<td>35</td>
<td>R</td>
<td>Owerri</td>
<td>Malignancy</td>
</tr>
<tr>
<td>4</td>
<td>NR</td>
<td>37</td>
<td>R</td>
<td>Enugu</td>
<td>Cancer</td>
</tr>
</tbody>
</table>
References


