

EARLY TUBERCULOSIS OF THE CERVIX¹

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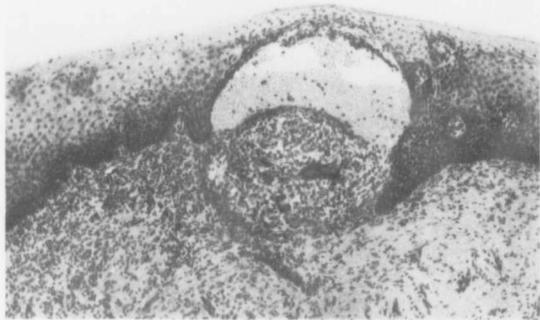
A FEW weeks ago, when taking up diseases of the cervix with my class in Gynecological Pathology at the Johns Hopkins Hospital, we encountered the following striking example of very early tuberculosis of the cervix:

Gyn. Nos. 19,534 and 20,660. The patient, a healthy looking colored woman, 25 years of age, was admitted to the Johns Hopkins Hospital on October 16, 1914, complaining that she had been discharging fecal matter through the vagina for two years. She had been married six years but had never been

The bladder and tube were freed and the fistula between the vagina and rectum was cut across. The small opening in the sigmoid was closed. The uterus which contained several myomata was now removed, a complete hysterectomy being done.

The laboratory diagnosis was: *bilateral follicular salpingitis, uterine myomata, tuberculosis of the endometrium, tuberculosis of the cervix.*

The photograph of an area from the section of the cervix shows at each outer portion of the picture normal squamous epithelium with a normal underlying stroma. In the center, the superficial portion of the squamous epithelium is still intact; the underlying layers of epithelium are missing, and a cres-



Gyn. Nos. 19,534 and 20,660; Gyn-Path. No. 25,642. The tuberculous process was much more advanced in the mucosa lining the cavity of the uterus than in the cervix. The cervical mucosa is intact. In the center of the field is a well-defined tubercle consisting of epithelioid cells and containing giant cells of various types. Between the tubercle and the overlying squamous epithelium is a crescentic space filled with blood. The stroma to the left of the tubercle shows some small round-cell infiltration.

pregnant. Her menses had begun at 19, but for the last five years she had had no periods.

At operation Dr. J. Craig Neel, the resident gynecologist, found the uterus in retroposition and the bladder adherent to it above the internal os. The sigmoid was adherent to the vesico-uterine reflection just above the level of the internal os. The right tube and ovary had become twisted over the anterior surface of the uterus.

centic space is seen filled with blood. Immediately beneath this is a tubercle, occupying partly the epithelial layer and partly the underlying stroma. It is sharply circumscribed, consists of epithelioid cells and contains several types of giant cells. The stroma on the left shows small round-cell infiltration.

Tuberculosis of the cervix is rare, and such an early stage as is here depicted I have never seen before.

From the Gynecological Department of the Johns Hopkins Medical School and of the Johns Hopkins Hospital. Read before the Southern Surgical and Gynecological Association, Cincinnati, December 13-15, 1915.