

Case Report

Malakoplakia cervix misdiagnosed as Carcinoma cervix

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Abstract:

Malakoplakia cervix is still not reported in literature. Inflammatory lesions of cervix on visible appearance mimic as cervical malignancy. Histopathology confirms the diagnosis. Aim is to highlight the fact that errors occur in medical practice, if all differential diagnosis are not thought. A proper histopathological diagnosis is mandatory before final diagnosis.

Key words: Malakoplakia Cervix; rare; inflammatory

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Introduction:

Malakoplakia is a rare chronic inflammatory process which most often affects the genitourinary tract¹. Malakoplakia of cervix is not reported yet in literature. It results from insufficient killing of bacteria by macrophages. We are reporting a case of Malakoplakia cervix which was clinically misdiagnosed as Carcinoma Cervix. Management is discussed here with.

Case Report:

A 65 years old postmenopausal female, reported to outpatient department of Gynecology and Obstetrics with chief complaints of bleeding per vaginum since 3 months. She had 4 full term normal vaginal delivery. She had attained menopausal since 2 years. General physical examination was within normal limits. Per speculum examination revealed cervix and upper 1/3 vagina to be replaced by ulcerative growth which bled on touch. On Per vaginal examination uterus was of normal size, with restricted mobility and bilateral parametrium was indurated upto lateral pelvic wall. On Per rectal examination rectal mucosa was free. A provisional clinical diagnosis of Carcinoma cervix stage III B was made and she was subjected to cervical biopsy. All hematological examinations were within normal limits. Cervical biopsy histopathology report showed only

fibro connective tissue, Stroma was infiltrated by dense lymphoplasmacytic infiltrate. No squamous epithelium was identified with any evidence of malignancy. MRI Abdomen and pelvis was done which showed growth at cervix Carcinoma cervix with, parametrium involvement, with involvement of vagina till its upper 1/3. Repeat Cervical biopsy was done. Second histopathology report showed prominent capillary vessels and differed from biopsy material as cytoplasmic bacteria were easily identified. The characteristic granular histiocytes with intracytoplasmic Michaelis-Gutmann bodies were now identified (Figure 1).

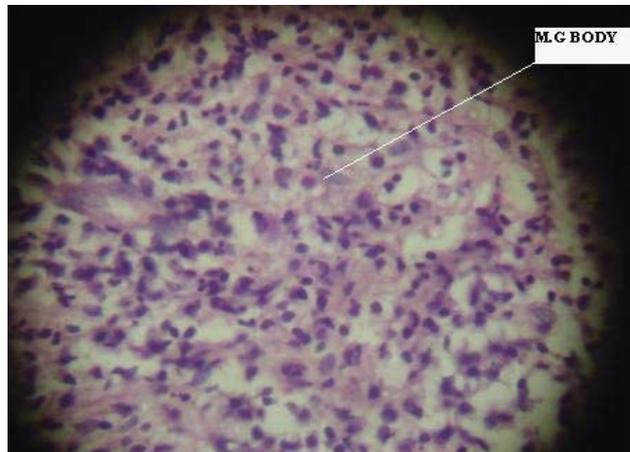


Figure 1: Histopathology - A periodic acid-Schiff-positive, target like Michaelis-Gutmann

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Diagnosis of Malakoplakia of Cervix was made and malignancy was ruled out. She was now started on oral Ciprofloxacin, 500mg twice daily for 12 weeks. During follow up she responded well to the treatment, all the lesions subsided within 8 weeks.

Discussion:

Malakoplakia is a rare inflammatory condition which makes its presence known as a papule, plaque or ulceration that usually affects the genitourinary tract¹. It was initially described in the early 1900s as soft yellowish plaques found on the mucosa of the urinary bladder. Microscopically it is characterized by the presence of foamy histiocytes with basophilic inclusions called Michaelis-Gutmann bodies². It usually involves gram negative bacteria.² The first human case of malakoplakia was seen by Professor von Hansemann on 1901. The first four cases of malakoplakia all were diagnosed during post-mortem. The term malakoplakia was coined by von Hansemann in 1903 and is derived from the Greek words malakos (soft) and plakos (plaque). Malakoplakia is the result of an acquired defect in macrophage function causing impairment of bactericidal activity. It is a rare inflammatory condition which makes its presence known as a papule, plaque or ulceration that usually affects the genitourinary tract¹. It was initially described in the early 1900s as soft yellowish plaques found on the mucosa of the urinary bladder. Microscopically it is characterized by the presence of foamy histiocytes with basophilic inclusions called bodies. It usually involves gram negative bacteria. The large macrophages with foamy, eosinophilic cytoplasm that are present at sites of infection (Von Hansemann cells) exhibit numerous secondary lysosomes containing partially digested organisms. Fusion and calcification of these lysosomes results in the formation of intracytoplasmic crystalline bodies with a central hydroxy-apatite core called Michaelis-Gutmann (M-G) bodies. The

first human case of malakoplakia was seen by Professor von Hansemann on 1901. The term malakoplakia was coined by von Hansemann in 1903 and is derived from the Greek words malakos (soft) and plakos (plaque). The impairment of bactericidal activity manifests itself as the formation of an ulcer, plaque or papule. Malakoplakia is associated with patients with a history of immunosuppression due to lymphoma, diabetes mellitus, renal transplantation, or because of long-term therapy with systemic corticosteroids and acquired immunodeficiency syndrome. It occurs in all organs, commonest is genitourinary tract- particularly bladder, and rarest is female genital tract³⁻⁵. In female genital tract involvement, vagina is commonly involved in more than 50% of cases and endometrial is involved in 20%. Regarding symptoms, vaginal bleeding occurs in 60% of women and affects women of >Sixth decade⁵. Treatment modality is by antibiotics such as quinolones or trimethoprim-sulfamethoxazole directed against gram negative bacteria plus surgery (rarely). Possibly cholinergic bethanechol and vitamin C can help in controlling the disease by favorably affecting the redox state and increasing the cGMP : cAMP ratio, but is still under experimental phase⁷⁻⁹.

Conclusion:

Paucity of cases of female genital Malakoplakia reported in literature is due to failure of recognition of lesion. Provisional differential diagnosis of malakoplakia should be made, unless histopathology has proved malignancy.

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Conflict of interest

None

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