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COMPARISON BETWEEN WOMEN TUBERCULOUS WITH AND WITHOUT amenorrhea amenorrhea

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ABSTRACT

Introduction: Amenorrhea is a menstrual disorder inconstant in tuberculosis disease; its prevalence is unknown. Purpose: The purpose of this study was to assess the frequency in TB outside the genital location, and search for clinical, radiological and biological characteristics by comparing women with amenorrhea tuberculous tuberculous women without amenorrhea. Materials and Methods: This is a prospective study for 6 months on 49 patients hospitalized in our training for tuberculosis. A form of farm included age, form of tuberculosis, history of tuberculosis, the presence or absence of amenorrhea and its duration, erythrocyte sedimentation rate and hemoglobin. Results: The mean age of patients was 30 years + / - 10, 23% have a history of tuberculosis. Forms of tuberculosis are encountered pulmonary smear positive TB in 53%, pulmonary TB smear negative in 24%, a case of peritoneal tuberculosis, one case of lymph node tuberculosis, tuberculous meningitis and tuberculous pericarditis. A quarter of patients 26% had amenorrhea whose duration varied from 2 months to 7 months. Comparing patients with amenorrhea (group A) and without amenorrhea (group B), there was no significant difference (p greater than 0.05) between the 2 groups regarding age, history of tuberculosis, clinical severity, the shape of tuberculosis and biological abnormalities (VS, hemoglobin). Conclusion: These results suggest that there's other intervening factors in amenorrhea in women tuberculous.

INTRODUCTION

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PURPOSE

The purpose of this study was to assess the frequency in TB outside the genital location, and seek clinical, radiological and biological characteristics by comparing women with amenorrhea tuberculous tuberculous women without amenorrhea

MATERIALS AND METHOD

This is a prospective study for 6 months on 49 patients hospitalized in our training for tuberculosis. A form of farm included age, form of tuberculosis, history of tuberculosis, the presence or absence of amenorrhea and its duration, erythrocyte sedimentation rate and hemoglobin.

RESULTS AND DISCUSSION

The average age of patients was 30 years + / - 10, 23% have a history of tuberculosis. Forms of tuberculosis are encountered pulmonary smear positive TB in 53%, pulmonary TB smear negative in 24%, a case of peritoneal tuberculosis, one case of lymph node tuberculosis, tuberculous meningitis and tuberculous pericarditis.

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DISCUSSION

In urogenital tuberculosis oligomenorrhea is seen in 54% of cases and amenorrhea in 14%. [1] However the evaluation of menstrual dysfunction in the non-genital tuberculosis is still poorly explained, hence the interest of similar work thereto.

Our study took into account the age of 30 years on average and consistent with data from the literature that reports an average age of 27 years. [2]

The type of tuberculosis that is largely dominated by pulmonary tuberculosis at 77% is also approaching the literature that talks about 90% of cases. [2]

In our study there is no correlation between the type or severity of tuberculosis and the incidence of menstrual dysfunction, whereas in the literature it seems that it is seen more during severe tuberculosis. [5]

The fact that there is no significant difference between women with and without amenorrhea tuberculous on data reviewed rise as there are other factors.

The oligomenorrhea and amenorrhea are associated with hypothalamic or pituitary dysfunction or ovarian failure and sometimes damage to the endometrium. [3]

Another study found that approximately 13% of women with pulmonary tuberculosis genital tuberculosis associated and this result will be proved by pathological studies repeated when the clinical diagnosis is not possible. [4]

Iconography:

	Tuberculose avec aménorrhée	Tuberculose sans aménorrhée
Age moyen	29	30
Antécédents de tuberculose	2	9
TPM +	7	19

TPM -	2	10
Tuberculose pleurale	5	1
Tuberculose péritonéale	0	1
Tuberculose ganglionnaire	0	1
Tuberculose péricardique	0	1
Taux moyen d'hémoglobine	11	11
Vitesse moyenne de sédimentation	62	71

CONCLUSIONS

Menstrual disorders are signs that should evoke the disease especially in endemic areas. The exact mechanism of these disorders is not yet well understood which calls for further studies in this direction.

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