RESULTS

Results

The cases of infertility included in this study belonged to different ages ranging from 17 to 42 years. Cases were classified into different age groups as shown in tables 1 and 2.

Table 1: Age incidence with primary infertility

Age (years)	No.	%
15 - 20	23	14.4
21 - 25	63	39.4
26 - 30	56	35
31 - 35	16	10
36 - 42	2	1.2
Total	160	100

Table 2: Age incidence with secondary infertility

Age (years)	No.	%
15 - 20	0	0
21 - 25	12	30
26 - 30	17	42.5
31 - 35	7	17.5
36 - 42	4	10
Total	40	100

The duration of infertility varied from 2 to 20 years. The mean duration was 5.2 years.

Microscopic examination of premenstrual endometrial biopsies of cases revealed different endometrial patterns as shown in tables 3 and 4.

Table 3: Different endometrial patterns with primary infertility.

Endometrial pattern	No. of cases
Normal secretory	100
Hormonal disturbances	49
Inflammatory	11
Total	160

Table 4: Different endometrial patterns with secondary infertility.

Endometrial pattern	No. of cases
Normal secretory	21
Hormonal disturbances	15
Inflammatory	3
Adhesive	1
Total	40

Tables 5 and 6 shows different aetiologic factors of infertility as detected from endometrial biopsies.

Table 5 : Aetiology of primary infertility.

Aetiology	No. of cases
* Not evident	
Normal secretory	100
* Hormonal disturbances	
Proliferative	25
Cystic glandular hyperplasia	4
Inactive	2
Luteal insufficiency	18
* Endometritis	
Chronic non specific	6
Tuberculous	4
Bilharzial	1
Total	160

Table 6: Aetiology of secondary infertility.

Aetiology	No. of cases
* Not evident	
Normal secretory	21
* Hormonal disturbances	
Proliferative	5
Cystic glandular hyperplasia	1
Atrophic	1
Luteal insufficiency	8
* Endometritis	
chronic nonspecific	3
* Asherman syndrome	1
Total	40

Accurate endometrial dating was done to the cases which shown secretory activity. We found dating within normal in 121 cases (normal secretory), difference in endometrial dating in relation to the day of taking the biopsy in 26 cases (luteal insufficiency).

Table 7 shows the difference between the two dating in cases of luteal insufficiency.

Table 7 : Endometrial dating in cases of luteal insufficiency:

No. of cases	Day of taking the biopsy	Microscopic dating
7	25	4 cases 21- 22 days, 3 cases 15- 16 days
8	26	5 cases 21- 22 days, 3 cases 15- 16 days
5	27	3 cases 23- 24 days, 2 cases 17- 18 days
6	28	4 cases 23- 24 days, 2 cases 19- 20 days

The available clinical data were correlated with histo-pathological finding in table 8.

Table 8: Available clinical data in correlation with histo-pathology.

Clinical data Histopathology	Regular cycles	Amen.	Oligo.	Menor.	Irr. Bl.	No.	%
Normal secretory	117	-	2	2*	-	121	60.5
Proliferative	4	6	-	8	12**	30	15
Cystic gl. hyperplasia	-	-	-	3	2	5	2.5
Inactive	-	-	2	-	-	2	1
Atrophic	-	1	-	-	-	1	0.5
Luteal insufficiency	18	-	5	3	-	26	13
Chronic non-specific	6	-	2	1	-	9	4.5
Tuberculous	-	1	1	2	-	4	2
Bilharzial	-	-	1	-	-	1	0.5
Adhesive	-	-	1	-	-	1	0.5
Total	145	8	14	19	14	200	100

* These cases had also fibroid.

** 6 of these cases had also hirsutism.

Fig. 1: Proliferative endometrium. The glands show pseu-
dostratification and epithelial mitosis. The stroma
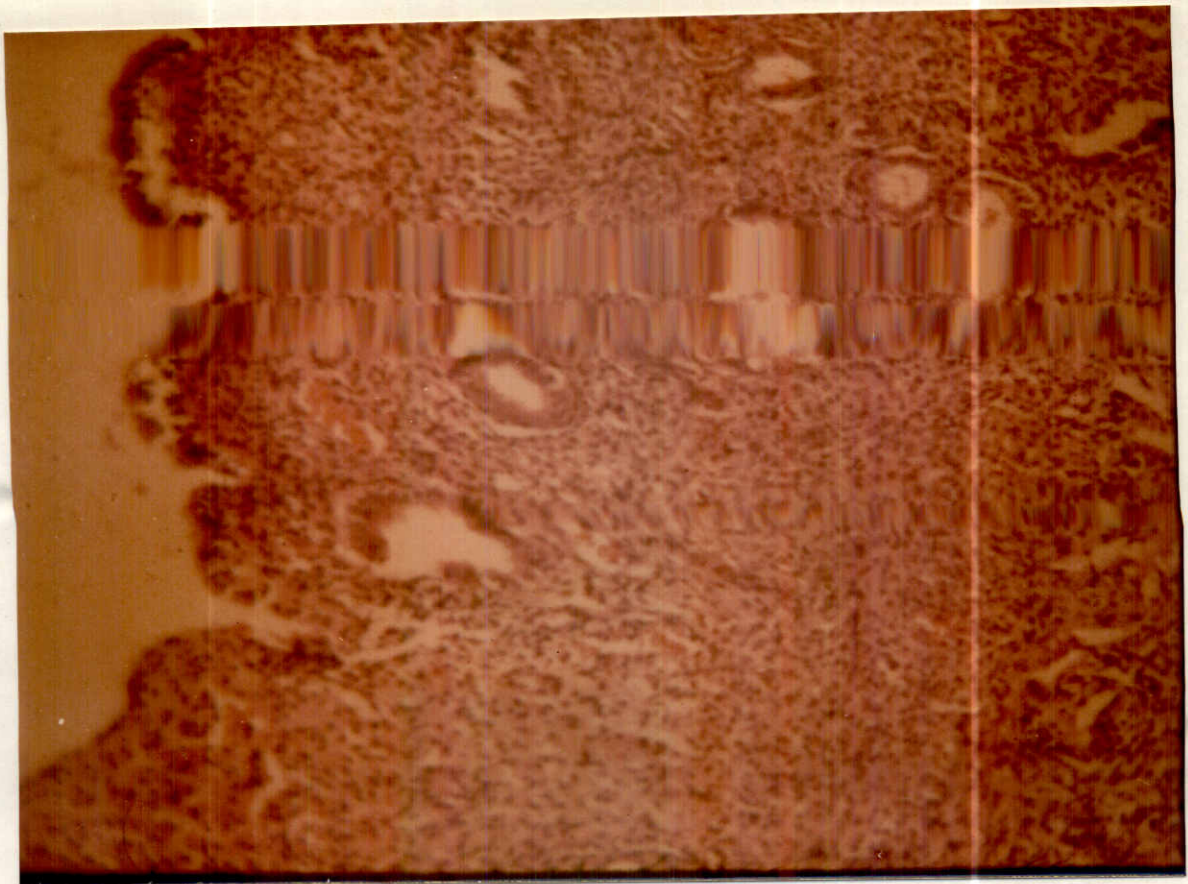is compact and shows some mitotic activity. Hx.&E.X100
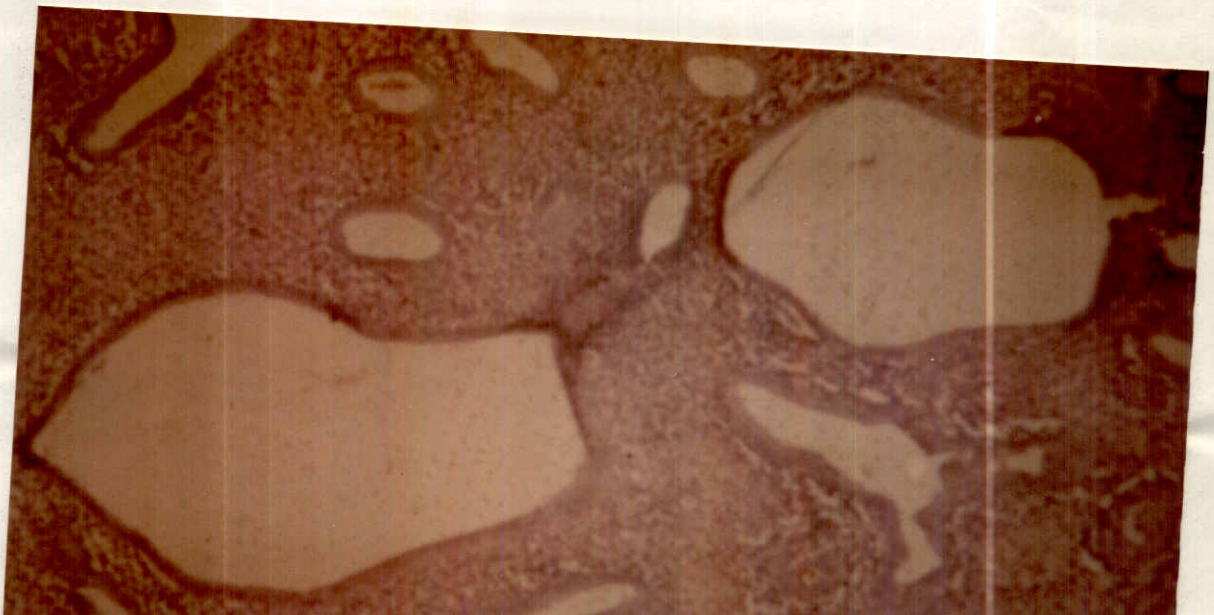
Fig.3: Atrophic endometrium. The endometrial glands are
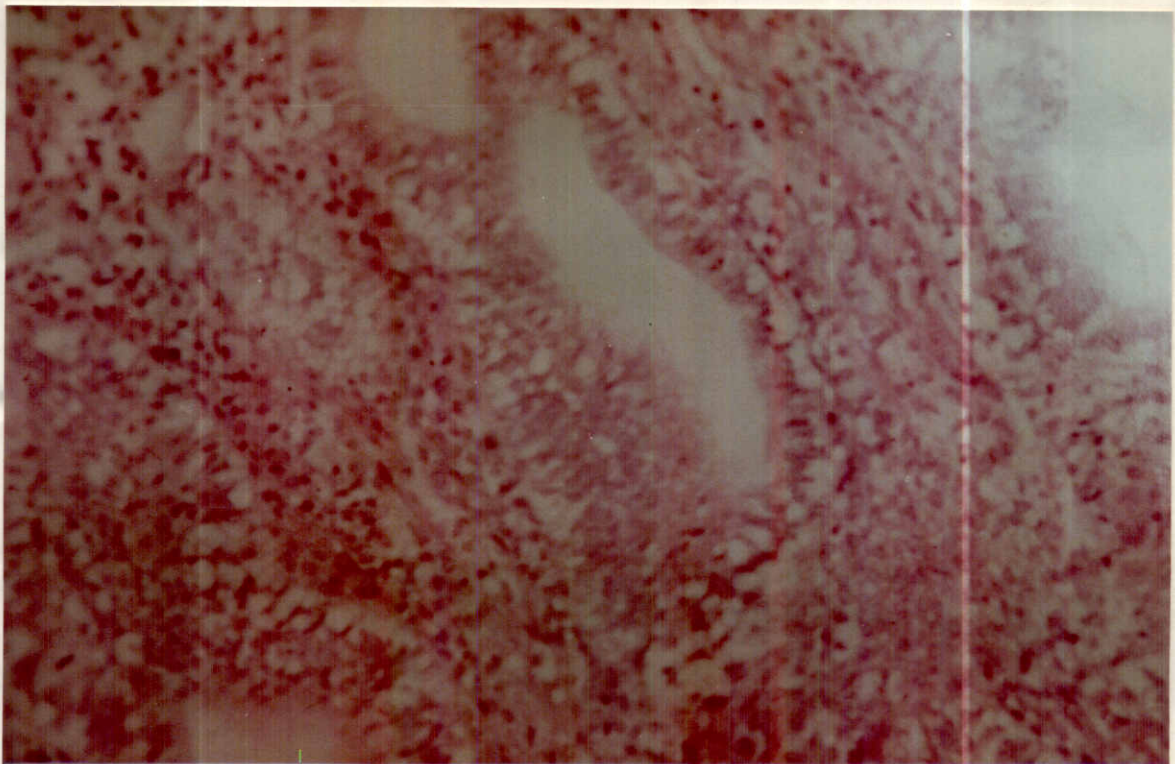small and epithelium does not show any activity.
Hx.&E. X120.

Fig. 4: Inadequate luteal response, an endometrium showing
early secretory activity (15- 16 day), although
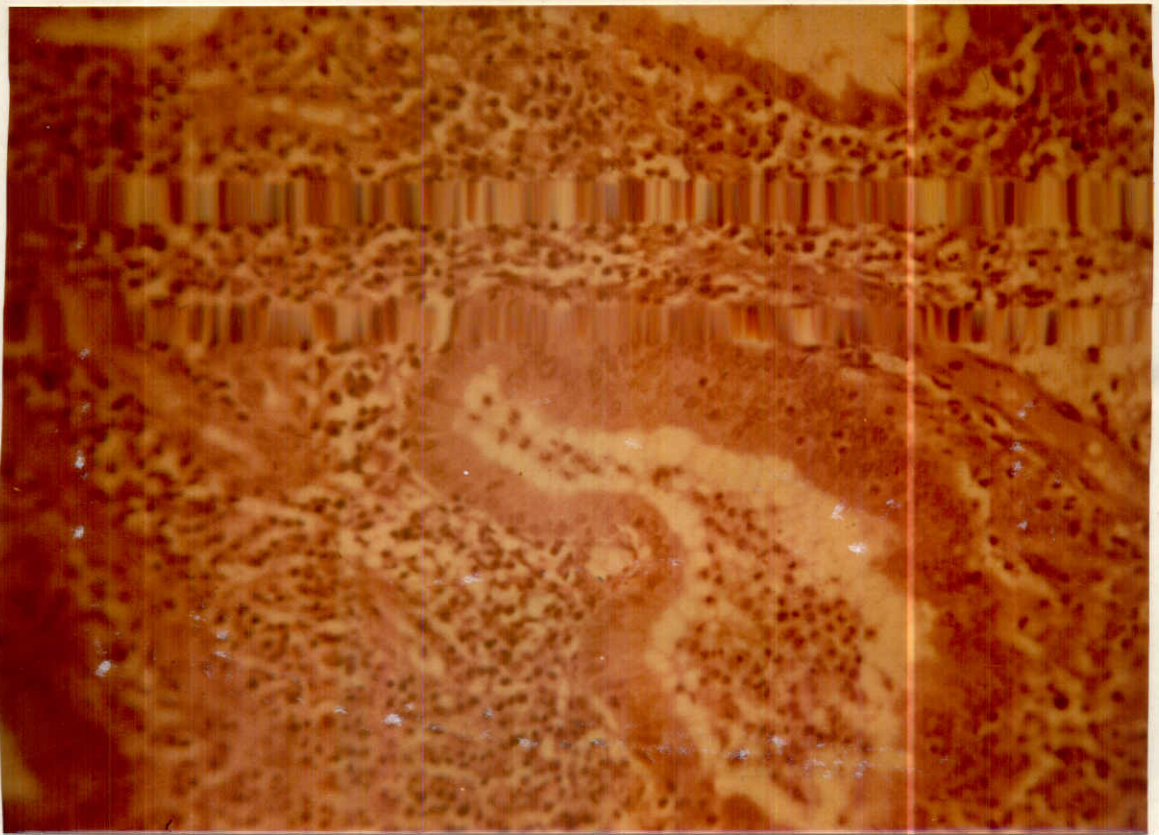curettage was on day 25.   Hx. & E. X120.

Fig. 5: Chronic non specific endometritis, showing heavy

infiltration of the stroma by chronic inflammatory
cells. The inflammatory exudate is seen in the
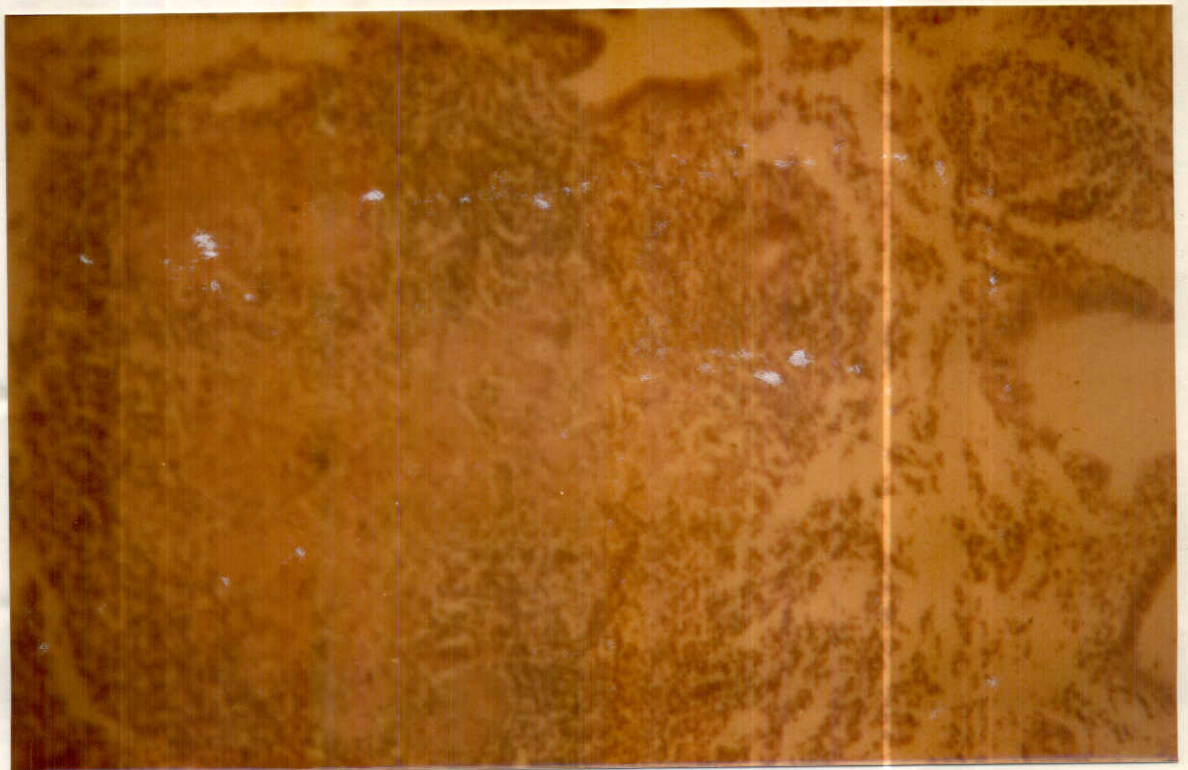lumen of the glands. Hx.&E. X120.

Fig. 6: Tuberculous endometritis. A well formed tubercle
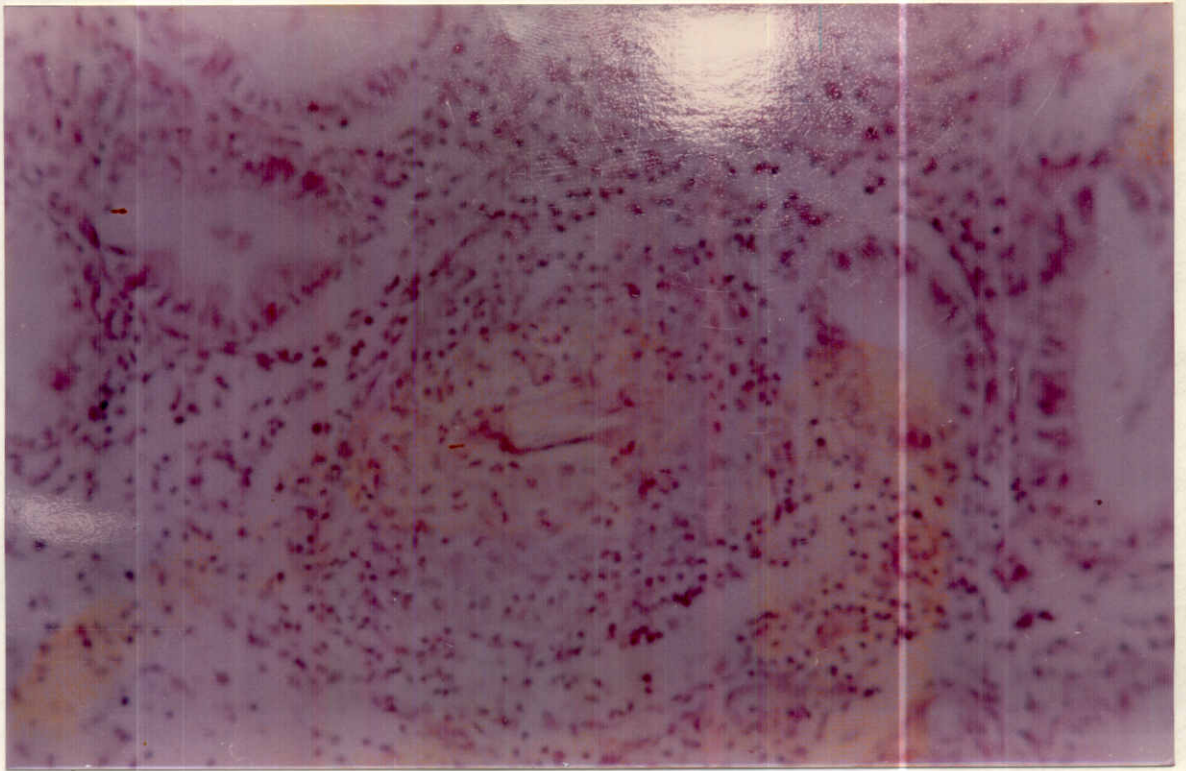with Langhans' type giant cells. Hx.&E. X100

Fig. 7: Schistosomiasis of the endometrium showing an ovum
surrounded by granulomatous reaction. Hx.&E. X 120