

" SUMMARY & CONCLUSION "

Our study involved 50 cases of primary and secondary infertility, one year or more. These patients were subjected to the following tests :

- 1) Complete history, general and pelvic examinations.*
- 2) Premenstrual endometrial biopsy to check ovulation.*
- 3) Hysterosalpingography.*
- 4) Laparoscopy.*

The aim of our study was to compare the diagnostic value of HSG and laparoscopy in the investigation of the infertile woman.

The results of paired HSG and laparoscopy were evaluated and it was found that :

1/ Regarding tubal patency and the site of tubal block, there was complete agreement between HSG and laparoscopy in 37 patients (74%), and disagreement in 13 patients (26%). Laparoscopy was not superior to HSG in this respect, as the difference between the two methods was statistically insignificant ($P > 0.05$).

2/ Regarding pelvic adhesions laparoscopy was superior, diagnosing pelvic adhesions in 16 cases (32%), while only 6 (12%) were suspected at HSG. The difference is statistically significant ($P < 0.01$).

3/ Laparoscopy allowed visualization of the ovaries in all cases, and in our group, it yielded a high rate of ovarian abnormalitis (40%), including ovarian cysts, cystic ovaries and periovarian adhesions.

4/ Both procedures were essential for correct assessment of the uterus (cavity and surface) of the infertile woman.

5/ Pelvic endometriosis can only be diagnosed at laparoscopy. In our series however, only one case was found.

".. We concluded that HSG and laparoscopy are complementary to each other, and that both procedures should be used in the investigation of the infertile female to reach a fairly accurate diagnosis.." Although nowadays contact hysteroscopy can replace HSG, and pelvic sonography can replace laparoscopy in these patients."