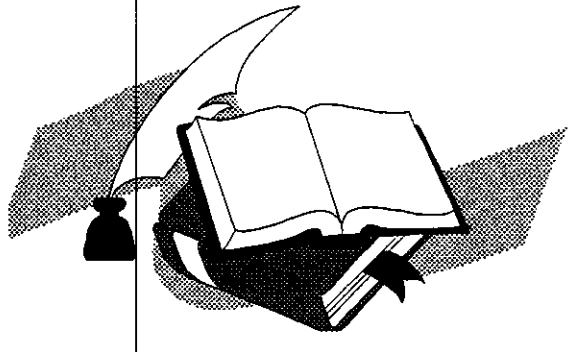
SUMMARY AND RECOMMENDATIONS



Summary and Recommendations

Introduction :

Infertility is defined as one year of un-protected intercourse without pregnancy. This condition may be further classified as primary infertility, in which no previous pregnancies have occurred and secondary infertility, in which a prior pregnancy although not necessarily alive birth has occurred ***(Hornstein and Schust, 1996).*** The causes of infertility varies widely a mong patient population. Tubal disease, the most common cause of female infertility accounts for 25-35% of involuntary infertility ***(Music and Behrman, 1983).*** hi approximately 10 to 20 % of women with tubal disease, infertility is the result of proximal (uterine end) obstruction of the fallopian tube ***(Siegler, 1974 - sulak et al, 1987- Novy et al., 1988).*** The vast majority of patients have distal and peritubal damage.

In the past, proximal tubal obstruction (P.T.O.) is a difficult problem to treat, in that, either tubal microsurgery or invitro-fertilization (I.V.F), must performed ***(Platia et aL, 1985).*** Recently, a less invasive and less expensive alternative to either microsurgery or I.V.F. is fluoroscopic transcervical falloapian tube catheterization and salpingoplasty have emerged as promising new techniques in the diagnosis and treatment of tubal occlusion ***(Platia et al., 1985).***

Aim of the work :

This work aims at studying the effectiveness of selective osteal salpingography using transcervical fallopian tube catheterization in re-establishing tubal patency in infertile women who have proximal tubal obstruction.

Subjects & Methods :

Thirty infertile women were included in this study a mong those attending infertility clinic of EL-Agoza Hospital and Benha University Hospital diagnosed to have P.T.O. and all were subjected to:

- Good history taking (including husband's history).
- Clinical examinations and special investigations.
- The procedure of tubal recanalization by selective salpingography.

Results :

Atotal of 49 tubes were included in this study and subjected to the procedure of tubal recanalization at different steps and the results were as the following:

- Patency of 8 tubes (16 . 3%) on repeated H.S. G.
- Patency of 15 tubes (30.6%) on selective salpingography
- Patency of 9 tubes (18.4%) on procedure of tubal catheterization and dilatation.
- Patency of 7 tubes (14.3%) on further mechanical dilatation by guide wire.

So a total patency rate of 79 .6 % and failure of recanalization in 10 tubes (20.4%) were obtained and these results were statistically analysed and compared with other results of such studies.

Recommendations :

At the end of our practiacal study we recommend:

(1) Selective salpingography with tubal catheterization should be considered a basic test of tubal patency and should be incorporated into the routine investigations of female infertility.

(2) The valuable diagnostic informations derived from selective salpingograms on the status of both proximal and distal tubes, the relatively low cost and safety and extremely low rate of complications, recommend the use of transcervical selective salpingography and tubal recanalization as the initial measure in management of infertility atributable to tubal disease.