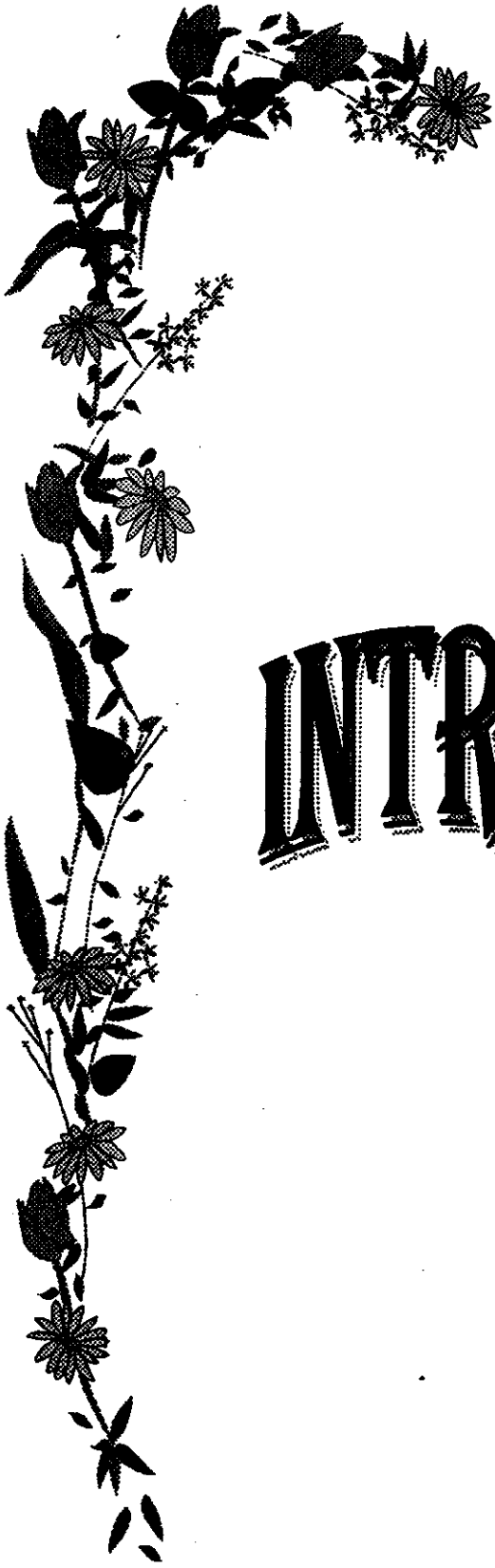

INTRODUCTION

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Infertility is defined as failure to conceive after 1 year of regular coitus without contraception while sterility is total inability to conceive. Infertility may be classified as primary, when there is no history of pregnancy having occurred, or secondary, when inability to conceive occurs after one or more pregnancies ***(Collins et al., 1984).***

Approximately 15% of couples are infertile. So, infertility is becoming an increasingly more serious medical and social problem. The current prevalence of sexually transmitted disease causes infertility in an increasing number of women ***(Menning, 1997).***

Infertility is a disorder of couples, and both partners must be evaluated. The man is responsible in about 30% of cases, the woman in approximately 40% of cases and both man and woman in the remaining 30% of cases ***(Moghissi, 1996).***

There are 3 main purposes of an infertility evaluation (1) to determine the cause of infertility (2) to arrive at a prognosis, which has important psychologic implication. (3) To serve as the basis of therapy ***(Moghissi et al., 1993).***

A thorough diagnostic work up should identify one or more causes of infertility in 90% of couples and combined hysteroscopy and laparoscopy constitute the main procedure to diagnose the cause of infertility in women ***(Schenker and Margalioth, 1992).***

Laparoscopy is usually carried out as a final diagnostic step for infertile women to confirm or rule out abnormal hysterosalpingographic (H.S.G.) findings and to assess operative feasibility. Patients in whom H.S.G. is normal will undergo laparoscopy if pregnancy has failed to occur within 6 months of the initial H.S.G. ***(Cumming and Taylor, 1980).***

Hysterosalphingography provides information about the uterine cavity, however it is associated with false positive results (15.6%) and false negative results (35.4%) where small endometrial lesions are missed ***(Wang et al., 1996).***

Hysteroscopy on the other hand, can obviate this disadvantage and it could pick up small intrauterine lesions that were missed by H.S.G. in 39% to 62% of cases ***(Siegler, 1977; Taylor and Cumming, 1979 and Valle, 1980).*** Also, hysteroscopy could refute the presence of false intrauterine lesions seen with H.S.G. in 31.7% of cases ***(Valle, 1980).***

Recently ***Golan et al. (1996)*** reported that the findings of H.S.G. differe from those of hysteroscopy and advocated that hysteroscopy is superior in the investigation of female infertility for its accuracy, safety, simplicity and convenience.

Taylor et al. (1986), reported that combined hysteroscopy with laparoscopy was their practice for their infertile women and believed that the combination of both procedures offer the most complete evaluation of the lower reproductive tract in females.