INTRODUCTION

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The widely accepted definition of infertility proposed by American fertility society states that, "a marriage is to be considered barren or infertile when pregnancy has not occurred after a year of coitus without contraception ***(Seible, 1990)***.

The main causes of infertility include the following :

1- Abnormalities in semen.

2- Ovulation disorders.

3- Tubal injury, blockage, paratubal adhesion or endometriosis.

4- Abnormalities in cervical mucous-sperm interaction (cervical factor).

5- Rare conditions such as, uterine abnormalities, immunologic aberration and infection. In some cases, no specific causes is detected despite an extensive and complete evaluation ***(Hornstein and Schust, 1996)***.

The relative prevalence of different causes of infertility varies widely among population. ***Daniel et al. (1997),*** reported that 10% to 15% of infertility cases results from anovulation, 30% to 40% was due to pelvic factors, 30% to 40% is associated with male abnormalities, 15% to 20% is associated with abnormal sperm-cervical mucous penetration and 10% to 20% have idiopathic or unexplained infertility.

When diagnostic assessment of infertility reveal no abnormalities, the appropriate diagnosis is unexplained infertility ***(Collins, 1995)***.

Thus, it is evident that the definition of unexplained infertility rests on the definition of a complete diagnostic assessment of infertility. There is general agreement about standard investigations (assessment of ovulation, evaluation of tubal patency and semen analysis) ***(West et al., 1982)***.

Hysteroscopic diagnosis and treatment has appeared to be very important in patient with infertility or recurrent abortion ***(Block and Wamsteken, 1993)***.

Diagnosis of intrauterine adhesion (IUA) can be made with certainly by hysteroscopy ***(March, 1989)***.

Submucous fibroid can be a reason for infertility or pregnancy loss, hysteroscopic diagnosis will disclose the nature and extent of pathology ***(Kistner, 1971; Wallach, 1979)***.

Hysteroscopy can diagnose other abnormalities that may interfere with fertility and cause bleeding abnormalities as, endometrial polyp, endometrial hyperplasia and endometritis. Hysteroscopy also, offers the possibilities to obtain visually directed biopsies for study of endometrial structure and cyclic development ***(Block and Wamsteken, 1993)***.

Among the factors capable of producing sterility in women, those related to the endometrial mucosa which are mentioned e.g. inflammatory pathologies, growth like polyp and presence of adhesion and destructive processes. Nonetheless, there are other histologic changes related to endometrium capable of impending pregnancy, probably by altering of nidation and ranging from metaplasia to ossification not by passing chronic specific inflammatory process and absence of activity or response on behalf of the endometrium all are rarely researched ***(Gamen et al., 1992 and Velasco et al., 1997)***.