SUMMARY AND CONCLUSION

This study was done on 40 Egyptian woman attending Benha University Hospital. They were divided into two groups:

Group I: Consisted of 20 infertile women attending the infertility outpatient clinic.

Group II: Consisted of 20 fertile women attending the family planning clinic asking for contraception.

- History of PID, previous ectopic pregnancy & I. U. D. use were taken. History of previous pelvi- abdominal operations was excluded from the study.
- Hysterosalpingography was done to all women of group (1). Blood samples were collected from all women of group (I) and(II) to detected antichlamydial IgG & IgM antibodies.
- Laparascopy was done to some of group (I).
- The results of the study showed significant correlation between tubal block and chlamydial antibodies ($P < 0.05$). The results showed that 10 (50%) out of 20 patients were seropositive for IgG and 8 (40 %) out of 20 patients were seropositive for IgM in group I and also that 2 (28.6%) out of 20 women were seropositive for IgG in group II.
- So detection of chlamydia antibodies were predictive for tubal factor infertility with HSG and with/ without laparascopy
- In conclusion, the result of this study suggested that the presence of chlamydial antibodies is a high predictive value with HSG for tubal factor infertility.
- So attempts should made to diagnose and treat chlamydial infection early before tubal damage could occur. Even apparently normal

adenexa seen at laparascopy might be damaged by chlamydia and clinically silent. So serology is an important tool to prove a previous chlamydial infection and so serology is a rapid, inexpensive and simple. It would be useful in the investigation of infertility.