

**Accuracy of hysterosalpingography versus
laparoscopy in evaluation of the tubal factor
in infertile women**

Thesis

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Of the Master Degree in Obstetrics and Gynecology*

Presented By

Noura Mahmoud Mohammed Hefny

M.B., B.Ch. Ain Shams University

Resident of Obstetrics & Gynecology at AL Galaa Teaching Hospital

Under Supervision of

Prof. Dr. / Basma Makin AbdelAzeem

Professor of Obstetrics and Gynecology

Faculty of Medicine

Cairo University

Dr. / Ahmed Naguib Hosni

Assistant Professor of Obstetrics and Gynecology

Faculty of Medicine

Cairo University

Dr. / Hassan Mostafa Gaafar

Lecturer of Obstetrics and Gynecology

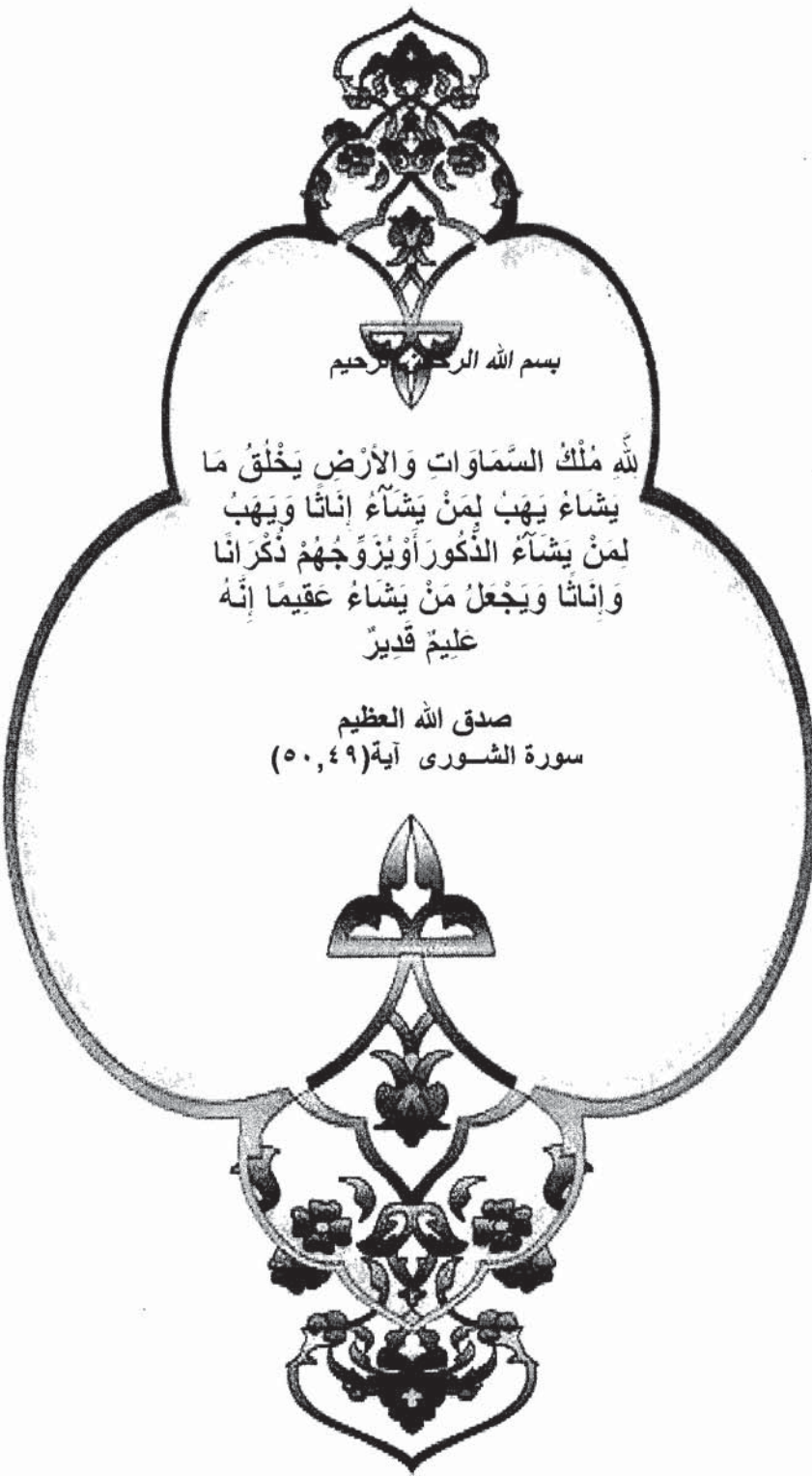
Faculty of Medicine

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

لِلَّهِ مُلْكُ السَّمَاوَاتِ وَالْأَرْضِ يَخْلُقُ مَا
يَشَاءُ يَهْبِئُ لِمَنْ يَشَاءُ إِنَاثًا وَيَهْبِئُ
لِمَنْ يَشَاءُ الذُّكُورَ أَوْ يَزْوَجُهُمْ ذُكْرًا
وَأُنثَىٰ وَيَجْعَلُ مَنْ يَشَاءُ عَقِيمًا إِنَّهُ
عَلِيمٌ قَدِيرٌ

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*DEDICATION
TO MY
GREAT MOTHER
AND MY
WONDERFULL FATHER*

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List of Abbreviations

A.R.T	Assisted reproductive technologies
FSH	Follicular stimulating hormone
SE	Standard Error
Cm	Centimeter
HSG	Hysterosalpingography
IUA	Intrauterine adhesion
IUD	Intra uterine device
IVF	In vitro fertilization
LH	Luteinizing hormone
mmHg	Millimeter mercury
MRI	Magnetic resonance imaging
PID	Pelvic inflammatory disease
SD	Standard deviation
TVS	Transvaginal sonography
LSC	Laparoscopy
RTO	Right tubal block
LTO	Left tubal block
BiIT-O	Bilateral tubal block
DES	Diethylstilbestrol
CBC	Complete blood picture
FBS	Fasting blood sugar
PPBS	Post – prandial blood sugar
ESR	Erythrocyte sedimentation rate
CRP	C-reactive protein
SIN	Salpingitis isthmica nodosa

INTRODUCTION

INTRODUCTION

Approximately 15% of married couples are infertile and in 32% of these couples is due to female factor. The most common female abnormalities are related to fallopian tube patency (40%) or ovulation (40%) (**Speroff and Fritz, 2005**).

Male factor accounts for 18.8% of infertility. Male and female factors combined cause 18.5% of infertility. The etiology is unknown in 11.1% and other causes are identified in 5.6% (**Speroff and Fritz, 2005**).

Hysterosalpingography (HSG), laparoscopy or both can be applied to demonstrate tubal patency. Owing to its noninvasive nature and low cost, hysterosalpingography (HSG) is widely used as the first line approach to assess the patency of the fallopian tubes and uterine anomalies in the routine fertility work up (**Tanahatue et al., 2003**).

However, even when tubal patency is demonstrated by HSG, laparoscopy has been suggested as a mandatory step to rule out the existence of peritubal adhesions as well as endometriosis (**Tanahatue et al., 2003**).

Among the many investigations available to evaluate the female partner of the infertile couple, Laparoscopy is relatively recent. It has often been used in the evaluation of patients with infertility where other diagnostic methods have failed to come up with a cause. In addition, it has the advantage of being a "see and treat"

modality. Diagnostic Laparoscopy is a standard procedure performed as the final test in the infertility work up in many clinics before the couples proceed in infertility treatment (**Tanahatoe et al., 2003**).

AIM OF WORK

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The aim of this work is to compare the diagnostic ability of hysterosalpingography and diagnostic laparoscopy in the assessment of fallopian tubes in cases of female infertility.