A COMPARATIVE STUDY BETWEEN HYSTEROSALPINGOGRAPHIC AND LAPAROSCOPIC FINDINGS IN CASES OF INFERTILITY

Thesis submitted in partial fulfillment of Master Degree in Obstetrics & Gynecology

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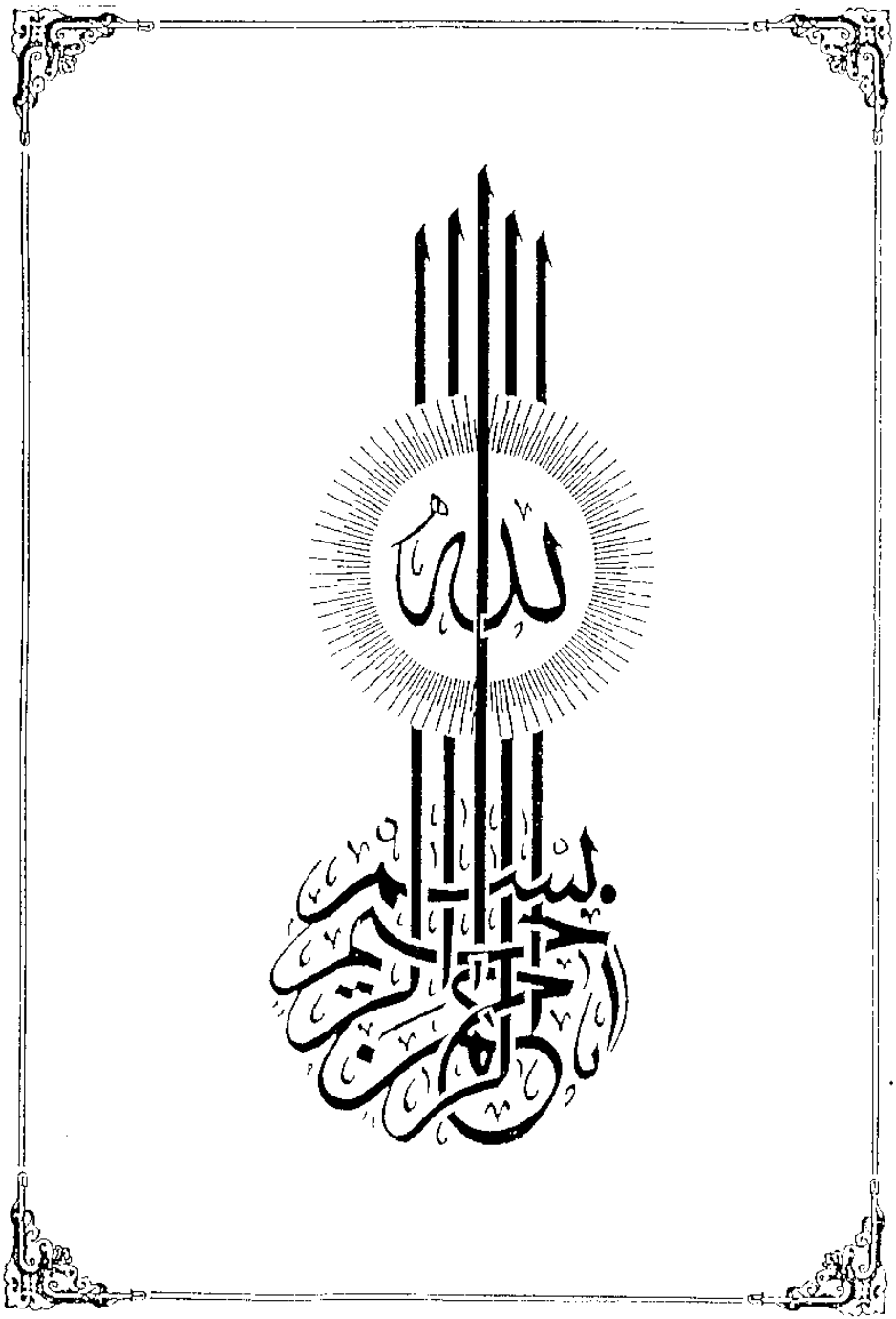

بسم الله الرحمن الرحيم

قالوا سبحانك لا علم

لنا إلا ما علمتنا

إنك أنت العليم الحكيم

صدق الله العظيم

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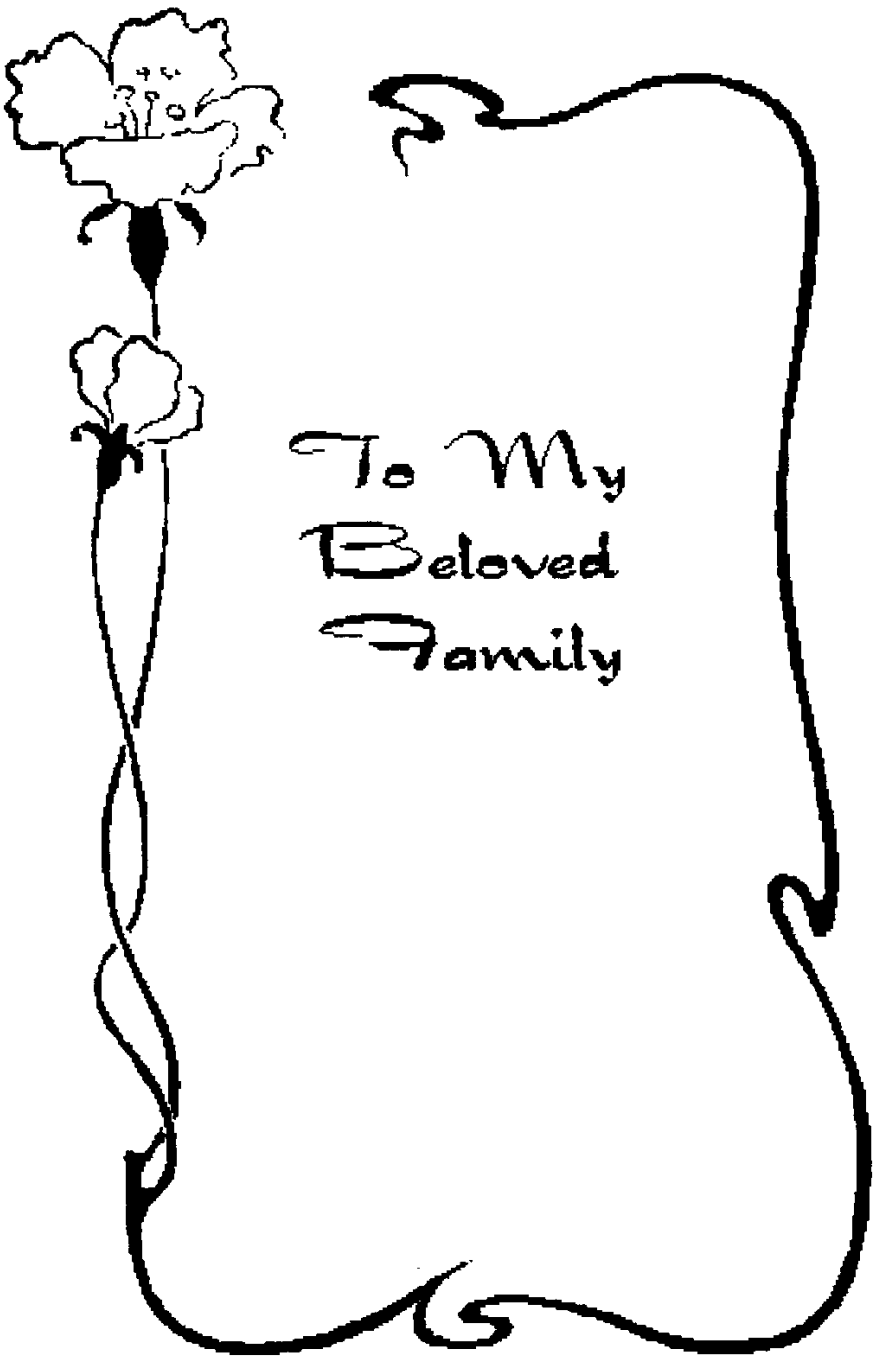

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Hanan Abdel Mohsen

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Introduction

INTRODUCTION

The problem of human reproduction that haunts many women, men and their physicians is that of absolute or relative infertility which may approach twenty percent (20%) of married couples **(Cunningham et al ,1993)**. Tempelton (1994) stated that fifteen percent of all couples will experience infertility of two or more years duration and this will resolve spontaneously in about half of cases leaving eight percent of infertile couples requiring treatment. Half of the eight percent, with therapy, will result in pregnancy but it may not result in a viable birth. Schmidt et al., **(1995)** stated that 26.2% of women who had attempted to have a child had experienced infertility and 4.1% of the twenty five to forty four years old women were currently primarily infertile. The age group from thirty six to fifty years old has a 26.4% of them experienced infertility irrespective for whether they had attempted to have a child or not. **(Gunnell& Twing ,1994)**.

In a study done by Templeton **(1994)**, there were five groups of infertility which were classified as :

Group 1: Male infertility which was responsible for twenty five percent of primary infertility and twenty percent of secondary infertility.

Group 2: Disorders of ovulation.

Group 3: Tubal factors which cause forty percent of secondary infertility and damage is caused by infection.

Group 4: Endometriosis.

Group 5: Unexplained infertility.

Major indications for hysterosalpingography are evaluation of infertility, assessment of results after uterine or tubal surgery and emerging interventional procedures that involves tubal recanalization. Hysterosalpingography allows also assessment of congenital anomalies, uterine- body disorders such as intrauterine adhesions, neoplasms and tubal abnormalities. It is also used to evaluate postoperative changes as after myomectomy, removal of uterine septum, lysis of adhesions, tubal reimplantation ,reanastomosis or salpingostomy **(Chen et al,1995)**.

The main disadvantage of HSG is exposure to ionizing radiation as well as it permits only the examination of shadows. If tubal patency is established, it doesn't allow an assessment of other intra - pelvic problems such as peritubal adhesions or endometriosis that might relate to infertility but doesn't cause tubal blockage.

However, HSG has the advantage that anesthesia is not required and there is a clear therapeutic effect more notable if oily contrast is used **(De-Cherney,et al.1980).** The stated advantages of oil-base contrast media (OBCM) over aqueous-base contrast media (ABCM) for hysterosalpingography include a better clarity of image,