

# بسم الله الرحمن الرحيم





# شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم





# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
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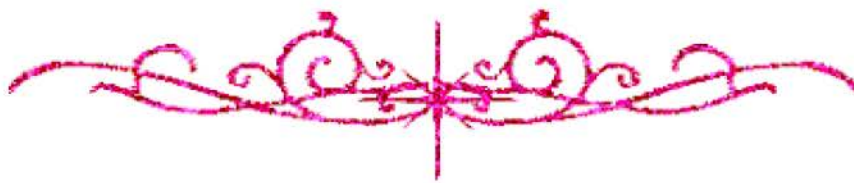
## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار





# بعض الوثائق الأصلية تالفة







بالرسالة صفحات  
لم ترد بالأصل



B1A.C1

**CORRELATION BETWEEN  
SALPINGOGRAPHY, LAPAROSCOPY  
AND SALPINGOSCOPY IN ASSESSMENT  
OF TUBAL FACTOR IN INFERTILITY**

*THESIS*

Submitted for Partial fulfillment of the requirements of the  
**M.D. degree**

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*By*  
**Dr. Mohamed Hamed Ali Amer**  
M. Sc. In Obstetrics & Gynecology  
Specialist of Obstetrics & Gynecology

*Supervisors*

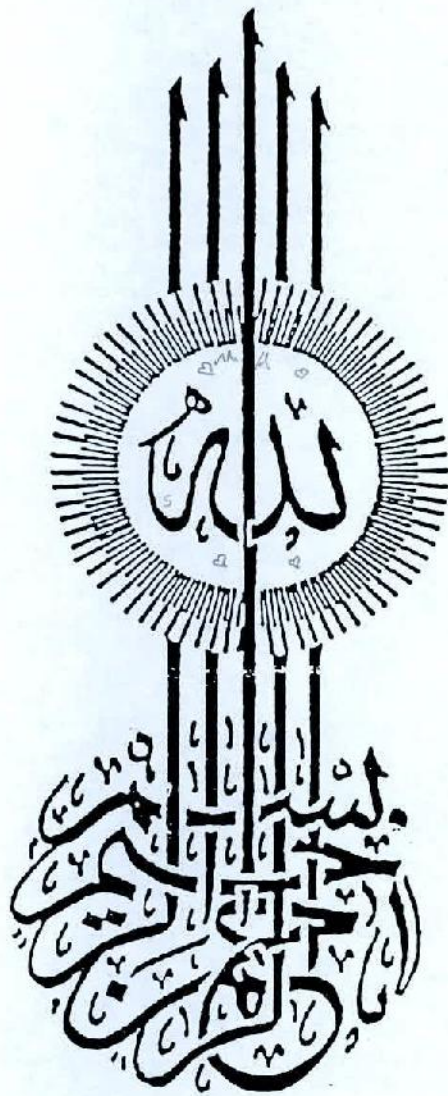
*Prof. Dr.*  
**Mohamed Nabih EL-Gharib**  
Prof. & Head of Department of Obstetrics & Gynecology  
Faculty of Medicine, Tanta University

*Prof. Dr.*  
**Mohsen Mohamed El-Namoury**  
Prof. of Obstetrics & Gynecology  
Faculty of Medicine, Tanta University

*Dr.*  
**Mamdouh Youssef Sabry**  
Consultant of Obstetrics & Gynecology  
El-Mataria Teaching Hospital, Cairo

**Faculty of Medicine  
Tanta University  
2005**





سبحانك  
لا علم لنا إلا ما علمتنا إنك أنت العليم الحكيم  
صدق الله العظيم





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## ***List of abbreviations***

- AIJ:*** Ampullary Isthmic Junction.
- AFS:*** American Fertility Society.
- ART:*** Assisted Reproductive Technology.
- DTO:*** Distal Tubal Occlusion.
- EP :*** Ectopic Pregnancy.
- Fig:*** Figure.
- FLY:*** Fertiloscopy Laparoscopy.
- GIFT:*** Gamete Intra Fallopian Transfer.
- HSG:*** HysteroSalpingoGraphy.
- HyCoSy:*** Hysterosalpigo-Contrast-Sonography.
- IVF-ET:*** In Vitro Fertilization - Embryo Transfer.
- LEC:*** Linear Eversion Catheter.
- Lt:*** Left.
- OD:*** Outside Diameter.
- OSCM:*** Oil Soluble Contrast Medium.
- PCO:*** Poly Cystic Ovary.
- PID:*** Pelvic Inflammatory Disease.
- PTO:*** Proximal Tubal Occlusion.
- SD:*** Standard Deviation.
- NAD:*** No Abnormal Data.
- Rt:*** Right.
- THL:*** Transvaginal Hydrolaparoscopy.
- WSCM:*** Water Soluble Contrast Medium.



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# ***INTRODUCTION***



## INTRODUCTION

Tubal factor infertility represents 30-50% of infertility cases, a proportion that is considered to be increasing.<sup>(1)</sup> Awareness of tubal factor have resulted in the wider acceptance that accurate diagnosis of the tubal patency should be one of the priorities.<sup>(2,3)</sup>

In the year 1561 Gabriele Fallopio, the Italian anatomist, described the anatomy of the tube. "This seminal duct originates from the cornu uteri; it is thin, very narrow, of white color, and looks like a nerve. After a short distance it begins to broaden and to coil like a tendril winding its folds almost up to the end. There, having becoming very broad. It shows an extremity of the nature of skin and color of flesh, the utmost end being very ragged and crushed like the fringe of worn out clothes. Further, it has a great hole that is held closed by the fimbriae, which lap over each other."<sup>(4)</sup>

Patency of the tube does not necessarily mean normal tubal mucosa as pathological lesions may be missed if more accurate methods of tubal assessment were not employed.<sup>(5, 6)</sup> Affection of the endosalpinx is the only explanation of discrepancy between patency of the tube and the pregnancy rate and this also explains why infertility persists after restoration and confirmation of patency of the tube in absence of pelvic adhesion.<sup>(7)</sup>

Electron microscopy of the tubal mucosa revealed mucosal factor in spite of tubal patency and normal gross appearance at laparoscopy and HSG.<sup>(8)</sup> This appear to be of value in the assessment of patients with and without other evidence of tubal disease.<sup>(9)</sup>

New instrumentation is currently being developed to visually explore the lumen of the Fallopian tube. *Salpingoscopy* explores the Fallopian tubal lumen helping deciding future clinical management.<sup>(10)</sup>

This work aimed at evaluating the role of *Salpingoscopy* in tubal infertility and correlating these findings with HSG and laparoscopic findings.



# LITERATURE REVIEW