Selective Salpingography and Recanalisation of Blocked Fallopian Tubes

Abstract:

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Introduction

Tubal factors account for approximately 14% of cases of subfertility. Baseline fertility investigations were suggestive of an ovulatory defect due to polycystic ovarian disease. Hysterosalpingography indicated a normal endometrial cavity but no flow of contrast beyond the utero-tubal junctions bilaterally. Laparoscopy visualized a normal appearance to the uterus and fallopian tubes and a normal endometrial cavity was seen hysteroscopically. Methylene blue dye injected through the cervix failed to traverse the cornual portions of the fallopian tubes on either side. Surgical manoeuvres and anti-spasmodics used in an effort to flush the tubes were unsuccessful. There was no evidence of pelvic infection or endometriosis in the pelvis / abdominal cavity. Thus the patient had dual pathology; an ovulatory defect and fallopian tubal obstruction.

Case Report

A 36-year-old woman and her partner were referred by their GP with a history of primary subfertility. Baseline fertility investigations were suggestive of an ovulatory defect due to polycystic ovarian disease. Hysterosalpingography indicated a normal endometrial cavity but no flow of contrast beyond the utero-tubal junctions bilaterally. Laparoscopy visualized a normal appearance to the uterus and fallopian tubes and a normal endometrial cavity was seen hysteroscopically. Methylene blue dye injected through the cervix failed to traverse the cornual portions of the fallopian tubes on either side. Surgical manoeuvres and anti-spasmodics used in an effort to flush the tubes were unsuccessful. There was no evidence of pelvic infection or endometriosis in the pelvis / abdominal cavity. Thus the patient had dual pathology; an ovulatory defect and fallopian tubal obstruction.

Discussion

The causes of tubal blockage in the presence of apparently normal fallopian tubes are unclear, although transient causes such as tubal spasm, mucus plugs and debris are suspected. Many of these minor causes may self-resolve or be released by the tubal flushing involved in the diagnostic test. Indeed, repeat HSG may demonstrate tubal patency in up to one quarter of cases where a previous test had diagnosed occlusion. The technique of selective salpingography / tubal recanalisation is employed for persisting tubal occlusion. It is a minimally invasive procedure with significant advantages over surgical approaches to tubal disease, and may reduce the number of patients requiring surgery or IVF. It is a day-case procedure with minimal recovery post-procedure, involving little delay in subsequent attempts to conceive. The need for subsequent fertility treatment following tubal recanalisation is individualized for couples, but the spectrum of options ranges from expectant management to ovulation induction and intrauterine insemination.

Despite increased in the demand for fertility treatment in Ireland, access to specialized services remains limited. Tubal microsurgery is currently performed in only one centre in the Republic, and IVF treatment is not funded by the public health system. With such restrictions on access, there is a clear need to provide additional healthcare resources for subfertile patients. This is the first report to our knowledge of pregnancy in Ireland following minimally invasive correction of tubal obstruction. This technique represents significant medical and financial benefits to suitable patients. By reducing the need for tubal surgery and IVF, it also provides a cost-efficient utilization of healthcare resources.

References

1. Hull MG, Glazener CM, Kelly NJ et al. Population study of causes, treatment, and...


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