

## LYMPHOGRAM BY HYSTEOSALPINGOGRAPHY

(Review of one case)

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Lymphogram is obtained either by injecting the contrast media in the lymphatic vessel or into the lymph node, but the lymphogram obtained by hysterosalpingography is unusual. We are presenting in this communication such type of the unusual case which was seen during the study of hysterosalpingography.

### Case Report

S.R. 30 years female attended in J.K. Cancer Institute, Kanpur with complaint of infertility and watery discharge of one year duration. She was married 6 years back and her menstrual cycles were of 3 days duration with moderate flow of the blood.

On vaginal examination uterus was midway and mobile and no abnormality was felt. She was called on the 6th or 7th day of the last menstrual period for hysterosalpingography.

Hysterosalpingography was performed under strict aseptic condition. Prior to technique the patient was sedated by giving Inj. Calmpose 1 amp. intramuscularly. Ten ml. of Diaginol viscous 40% was used as contrast media. The patient was examined under fluoroscopic examination which showed normal uterus with partial tubal block, i.e. thin streaks of contrast media were seen on both side of the uterus. The injection of the contrast media was stopped and skiagram of the pelvis in antero-posterior view was taken. It showed the external iliac and

hypogastric lymph nodes on both sides (Fig. 1). No serious complication was noticed after the procedure.

The patient was further investigated by dilatation and curettage but histopathological report did not reveal the diagnosis. The patient was put on hormonal treatment for 3 months for her infertility.

### Discussion

Lymphogram obtained by hysterosalpingography is very uncommon. Erbsloh (1949) was the first to introduce the utero-lymphatic intravasation. After that many authors like, Bourg (1962) Fischer (1966), Hipona and Dikchek (1966) and Sinha and Das (1969) reported such type of cases.

Anatomically the bilateral iliopelvic lymph nodes are in three groups (a) external iliac, (b) hypogastric, (c) common iliac. The hypogastric lymph nodes are not visualised by lymphography (Fischer *et al*, 1962). These lymph nodes receive afferents from all pelvic viscera and then pass to the common iliac lymph nodes.

The external and common iliac lymph nodes are three more or less parallel chains in relations to the external and common iliac vessels. (a) Lateral external iliac chain, follows the lateral border of the iliac arteries and continues as lateral common iliac lymph nodes group, (b) middle external iliac chain is located on

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the medial side of the iliac artery, while the (c) medial chain is located on the lateral pelvic wall inferior to the iliac veins. The middle group of the common iliac nodes occupies the angle formed by the union of both common iliac arteries. The medial group is also visualised by lymphographic method.

In this case few hypogastric and medial group of the external iliac lymph nodes were visualised. According to Kika (1954) the uterine lymphatics were seen in tuberculous salpingitis and this was also supported by Sinha (1969) but our case did not show any clinical evidence of tuberculosis. By this the lymphatic vessels were not seen. This may be either due to normal pelvic viscera or due to delayed exposure of the pelvic skiogram.

Visualisation of the lymph nodes and lymphatics may have resulted due to increased intrauterine pressure (Sinha 1969), but in our case the intrauterine pressure was very low due to partial

block of the fallopian tubes. A detailed study is required both in normal as well as in pathological condition to further assess its diagnostic significance during hysterosalpingography.

*Summary*

A case of lymphogram followed by hysterosalpingography is reviewed. This is a very uncommon condition in which such type of the finding was seen in a normal subject. This has been discussed with the other reported cases.

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*See Fig. on Art Paper XV*