

# DIAGNOSTIC LAPAROSCOPY

(Review of 200 cases)

by

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## SUMMARY

Laparoscopy was done in 200 cases. In 134 cases, the indication was infertility, amenorrhoea in 14 cases and in 12 the indication was suspected ectopic pregnancy.

### Introduction

Two hundred patients with various gynaecological complaints were investigated and diagnostic laparoscopy was performed during 2 year period from 1st September 1981 to 1st September 1983 at M.Y. Hospital, Indore (M.P.).

### Material and Methods

In all the 200 cases detailed history of clinical examination, routine and special investigations were carried out. All these patients were subjected to diagnostic laparoscopy under general anaesthesia, using Karl Storz laparoscope. Pneumoperitoneum was created using air. Ancillary procedures like tubal patency testing, dilatation and curettage were carried out whenever required.

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### Observation

Out of total 200 cases, in 134 (67.0%) cases laparoscopy was done for infertility. Out of these cases, 36 (51.42%) cases were of primary infertility and 22 (34.37%) cases were of secondary infertility, had no abnormality on laparoscopy. Table I shows the indications for laparoscopy in our study.

TABLE I  
Indications for Laparoscopy

Indications	No. of cases	Percentage
Primary infertility	70	35.0
Secondary infertility	64	32.0
Ectopic pregnancy	12	6.0
Primary amenorrhoea	12	6.0
Secondary amenorrhoea	2	1.0
Habitual abortion	6	3.0
Chronic pain in abdomen	4	2.0
Miscellaneous	30	15.0
Total	200	100.0

Table II shows laparoscopic findings in cases of primary and secondary infertility. Bilateral tubal block was the commonest pathology detected in our series. Second commonest pathology was unilateral hydrosalpinx. Maximum age incidence for primary infertility was between 21 and 25 years and for secondary infertility was 26 to 35 years.

ectopic pregnancy, ectopic pregnancy was confirmed in only 1 case. One case had bleeding from corpus luteum. Four cases had pelvic inflammatory disease and 6 had tubo-ovarian masses. Laparotomy was done in only 2 cases.

In the miscellaneous group 6 cases of displaced IUCD were studied, in 4 cases Cu T was seen. Ten cases of suspected

TABLE II  
*Laparoscopic Findings in Infertility*

Findings	Primary sterility	Percentage	Secondary sterility	Percentage
Normal	36	51.4	22	34.37
Bilateral tubal block with no adhesions	14	20.0	10	15.62
Unilateral hydrosalpinx	8	11.43	2	3.12
Bilateral hydrosalpinx	4	5.71	18	28.12
Peritubal adhesions	4	11.43	8	13.25
Koch's infection	2	5.71	2	5.71
Fibroid	1	2.85	1	2.85
S. L. syndrome	1	2.85	1	2.85

Out of 14 cases (7.0%) of amenorrhoea, both primary and secondary, in 4 cases uterus was hypoplastic, both tubes and ovaries were well developed. In 2 cases there was gonadal dysgenesis and streak ovaries. In all cases of primary amenorrhoea I.V.P. was done, it was normal in all cases except in one, where left kidney was absent.

Laparoscopy was done for pelvic pain in only 4 cases. In 2 cases no abnormality could be detected, while in 2 cases there were adenexal adhesions forming tubo-ovarian masses.

Laparoscopic examination in 6 bad obstetric history cases revealed uterine anomalies in 2 cases, Stein Leventhal Syndrome in 1 case, while in 3 cases no pathology could be detected.

Out of 12 cases (6.0%) of suspected

uterine perforation were studied, out of these in 6 cases uterine perforation were confirmed, 1 case had large broad ligamenta haematoma, 1 had profuse bleeding near cornu so laparotomy was done in these 2 cases.

Complications in the present series of diagnostic laparotomy were negligible. Thirty cases had shoulder pain, 16 had vague abdominal pain and 2 cases had omental prolapse.

#### Discussion

As seen in present series the most common indication for laparoscopy was infertility (67%) and the age of the patients ranged between 17 and 35 years. Verma *et al* (1977) studied 98 patients of infertility and the age ranged between 19



and 40 years. Frangeinheim (1972) reported on 1,967 laparoscopies, out of which 643 (38.4%) were for infertility. In 190 cases some other abnormalities were detected though clinically they all were appearing to be normal.

In present series, out of 12 cases of primary amenorrhoea, 2 were of gonadal dysgenesis, 2 had Stein Leventhal Syndrome, 2 cases had haematometra, and 6 cases were of unstimulated ovaries.

The commonest complication encountered during the diagnostic laparoscopy, was post-operative shoulder pain in almost 15% of cases and vague abdominal pain in 8% of cases. Only 1% case had omental prolapse. Verma *et al* (1978) performed 530 diagnostic laparoscopy out of these 8 had failure, 4 had uterine perforation, 6 had abdominal pain and 2 had shoulder pain.

Conclusion

Diagnostic laparoscopy plays an important role in diagnosing varying conditions of infertility, amenorrhoea, suspected ectopic pregnancy, pelvic pain etc. It is the most effective technique for closing the gap between clinical evaluation and surgical exploration.

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