LAPAROSCOPICALLY GUIDED MANAGEMENT OF PELVIC INFLAMMATORY DISEASE

By

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SUMMARY

This is a study of 61 cases of suspected pelvic inflammatory disease on whom laparoscopy was performed over a period of one year at Nowrosjee Wadia Maternity Hospital, Bombay. Twenty-nine out of these 61 were confirmed to be having PID.

Based on thorough work-up and these laparoscopy findings different modes of treatment and their proper follow-up were studied.

Introduction

Laparoscopy ranks high as a vehicle every operative intervention in a variety of gynaecological conditions and symptoms such as pain, infertility etc. Pelvic inflammatory disease, one of the common problems of our infertility practice was at one time a perplexing entity. But after the advent of laparoscopy, the gynaecologist is provided with yet another diagnostic aid to counter the problem.

Methods and Materials

Sixty-one cases of suspected pelvic inflammatory disease on whom laparoscopy was done over a period of one year were studied at Nowrosjee Wadia Maternity Hospital. A through work-up was done taking detailed history, general, systemic and pelvic examinations and necessary investigations. Finally, different modes of treatment and their proper follow-up were studied.

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Results

As shown in Table I, 47.2% of the clinically suspicious cases were confirmed to have pelvic inflammatory disease. At the same time it is to be noted that 52.8% of the patients had some other pelvic pathology where the management can be decided immediately. Table II shows symptomatology of these patients. It shows that abdominal pain of varying intensity and infertility were present in 65.52% of cases and are the commonest symptoms.

Table III shows the relevant clinical history from the aetiological point of view. The main aetiological factors are post-abortal, post-instrumental and tuberculosis. Two patients had purulent discharge and both were cases of post-operative infection, while in 6.9% of the cases no specific history could be elicited.

Table IV shows the laparoscopy findings of these patients. It is evident from

TABLE I
Analytical Study of 61 Cases

Causes	No.	Per cent in current study	Per cent in Kochar's study (1980)
Clinically suspicious of pelvic inflammatory disease	61		540 cases
Confirmed to be PID on laparoscopy	29	47.2	32.7
Confirmed to have diagnosis other than PID	32	52.8	67.3
1. Normal findings	16	26.4	
2. Endometriosis	6	9.9	
3. Ectopic pregnancy	5	8.25	
4. Ovarian cyst	4	6.6	
5. Appendicitis	1	1.65	

TABLE II
Symptomatology

Presenting complaints	No.	Per cent in current study	Per cent in Shah & Nagpal's study (1978)	Per cent in Rohatgi's study (1971)
Abdominal pain	19	65.52	48.5	87.96
Infertility	19	65.52	25.25	23.13
Low grade fever	4	13.79	6.87	—
Foul smelling discharge	3	10.34	31.1	—
Dyspareunia	2	6.9	6.25	—

TABLE III
Aetiology

Relevant history	No.	Per cent in current study	Per cent in Rohatgis study (1971)
H/o. abortion or post-abortal sepsis	7	24.15	51.85
Interference such as D & C, HSG	6	20.70	8.23
H/o. pulmonary tuberculosis	8	27.59	12.96
H/o. IUCD insertion	2	6.9	—
H/o. post-operative sepsis	2	6.9	
H/o. urinary complaints, purulent discharge	2	6.9	

the above table that pelvic adhesions are commonly present in these patients. Similarly incidence of tuberculosis is also on the higher side owing to its high prevalence in Indian population.

Table V shows different modes of treat-

TABLE IV
Laparoscopy Findings

Laparoscopy findings	Cases	Per cent in current study	Per cent in Rohatgi's study (1971)
Pelvic adhesions	21	72.41	42.60
Tubo-ovarian masses	9	31.03	29.63
Tuberculosis	7	24.14	—
Hydrosalpinx	6	20.69	11.11
Pelvic abscess	2	6.9	—

ment. In 22 out of 29 patients laparotomy was performed. Antituberculous line of treatment was carried out in only 3 patients. In rest along with anti-tuberculous line, surgical management was also required.

TABLE V
Treatment

	Treatment	Cases	Per cent
1.	Conservative	4	13.80
2.	Tuboplasty	9	31.06
3.	Excision of T.O. mass with or without adhesiolysis	7	24.15
4.	Antituberculous line	3	10.35
5.	Colpotomy	2	6.90

Table VI shows the follow-up of these cases. 48.32% of the patients improved symptomatically while 13.75% of the patients did not gain anything. No comment can be made in 37.93% of the cases as the follow-up is not available.

TABLE VI
Follow-up

	Follow-up	Cases	Per cent
1.	Symptomatic relief	11	37.93
2.	No follow-up	11	37.93
3.	No alleviation of symptoms	4	13.79
4.	Pregnancy if infertility	3	10.35

Discussion

It is important to make an early diagnosis and decide the proper management. Chronic pelvic inflammatory disease is one of the main causes for pelvic pain and infertility. Laparosocopy is one of the best investigative procedures to evaluate these symptoms. Study by Chamberlain and Brown (1978) showed that 51.7% laparoscopies were done for pelvic pain alone. Duighan and Hordan (1972) also reported high incidence. Laparoscopy has also given us an insight into certain other pathologies such as ectopic pregnancy and twisted ovarian cyst where an urgent exploration is needed.

In our study 47.2% of the patients were confirmed to have PID as against Kochar's study (1980) which showed 32.7%. Vague pelvic pain, infertility and menstrual irregularities have been the common complaints in our study. More or less similar incidence has been shown by Shah H. N. and S. Nagpal's series (1978) and Rohatgi's study (1971).

Considering the aetio-pathogenesis, post-abortal, post-instrumental and tuberculosis are the most important causes. In

our series only two patients had history of IUCD insertion.

In most of the patients with pelvic adhesions the usual complaint was vague abdominal pain, while in patients having tubo-ovarian masses the main complaint was menorrhagia. In Ambiye *et al's* study (1981) only two out of four patients of chronic pelvic pain had tubo-ovarian masses. In Allen *et al's* study (1983) of sterility cases by laparoscopy 49.33% of patients were having adhesions, while in Rohatgi's study (1971) 92.60% of the patients had pelvic adhesions.

Twenty-two out of 29 patients needed some or the other form of surgical management. Conservative treatment was given in patients in whom the involvement of pelvis was not much or who were unfit for surgery. Four patients of tuberculosis had already taken treatment, colpotomy was done in two cases of pelvic abscess.

Follow-up of the patients was done on O.P.D. basis. Only four patients could not get any relief. Pregnancy resulted in 13.79% after the treatment of infertility.

Conclusion

Laparoscopy has revolutionised the gynaecological management. It is useful as a diagnostic aid in order to decide the feasibility and timings of any operative intervention as well as of therapeutic means in a small number of cases. Its major advantage is to differentiate between any of the gynaecological pathology such as endometriosis, ectopic pregnancy and PID in order to give the patient the best possible scheme of management.

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