IS LAPAROSCOPY A MUST FOR ALL CASES OF PRIMARY INFERTILITY

T.D.SHARMA ● S.G.RAWAL ● P.R.BATLIWALA

SUMMARY

This study includes laparoscopic evaluation of 150 cases of primary infertility who were operated between September 1989 and August 1990, at Cama and Albless Hospitals, Bombay. Study showed that 55% of the cases were having normal pelvic organs. In 32% of the cases tubal factor was diagnosed and 14% of the total cases had bilateral tubal block. Ovarian pathology was seen in 7% of the cases. About 70% of the patients with normal findings were infertile for 3 to 5 years, whereas 70% of those who had abnormal findings were infertile for more than 5 years. The data has been analysed to show that laparoscopy should not be resorted to as a primary procedure in all the cases of primary infertility but should be reserved for selected cases only.

INTRODUCTION :

Is laparoscopy a must for each and every patient of primary infertility ? After analysing the data, we are trying to show that even though laparoscopy is an important tool in the management of the infertility cases, it is not a must for each and every patient, specially as a basic and primary procedure. Laparoscopy being an invasive procedure, requiring general anaesthesia and considerable amount of skill, should not be resorted to in every patient of infertility specially the primary one. In modern days ovulation and patency of tubes can be checked by latest electronic gadgets, hence only few selected patients should be taken straight for laparoscopy.

Dept. of Obst. & Gyn. Grant Medical College, Bombay.
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MATERIALS AND METHODS :

During the period of one year from September 1989 to August 1990, 150 cases of primary infertility where laparoscopy was performed were studied at Cama & Albless Hospitals, Bombay. Only those cases where husband had normal semen analysis were included. All the patients were asked about the personal and family history in details, past illness and operation, thorough clinical and routine laboratory investigations were done.

Premenstrual laparoscopy was performed either under general or spinal anaesthesia and chromopertubation test along with dilatation & currettage was done in all the cases.

OBSERVATIONS :

55% (83 cases) of the 150 cases were having

absolutely normal laparoscopic findings. 14% (21 cases) had bilateral tubal block, out of this 6 had block without any adhesions and remaining 15 had either adhesions or tubercles. 6% (9 cases) had unilateral tubal block. 12% (18 cases) had no block but had some other tubal pathology such as Koch's, endometriosis, peritubal adhesions, delayed spill etc. 7% (11 cases) had ovarian pathology, like ovarian cysts of 3 cm to 5 cm, follicular cysts. 3% (5 cases) had uterine pathology like small fibroids, hypoplastic uterus. 1% (2 cases) had cervical stenosis.

70% of the patients with normal findings were infertile for less than 5 years and were below the age of 25 years, whereas 73% of the patients with abnormal findings were infertile for more than 5 years and 60% were more than 25 years of age.

DISCUSSION :

Now the questions arises that when there are almost 50% cases who are not having any abnormal findings on laparoscopy, are we really justified in subjecting all the patients of primary infertility to this invasive procedure. When we have a detailed look at the cases who had abnormal findings on laparoscopy they had the following features in common :

(1) They were infertile for more than 5 years and were more than 25 years of age.
(2) There was H/O Koch's infection in past.
(3) There was H/O PID with dysmenorrhea or dyspareunia.

TABLE - I

	Results		No. of Cases	%
(i)	Normal Pelvic Findings	...	83	55
(ii)	Bilateral Tubal Block	...	21	14
(iii)	Unilateral Tubal Block	...	9	6
(iv)	Tubal Pathology, No Block	...	18	12
(v)	Ovarian Pathology	...	11	7
(vi)	Uterine Pathology	...	5	3
(vii)	Cervical Stenosis	...	2	1

TABLE - II

No. of Cases	Infertility Period		Age	
	< 5 Yrs.	> 5 Yrs	< 25 Yrs.	> 25 Yrs.
Normal Cases (83) 55%	(58) 70%	(25) 30%	(61) 73%	(22) 27%
Abnormal Cases (67) 45%	(18) 27%	(49) 73%	(27) 40%	(40) 60%

(4) They had abnormal clinical findings such as tender fornices, fixed retroverted uterus, mass etc.

(5) They had abnormal laboratory results, such as raised ESR and positive MT test.

ANALYSIS OF ABNORMAL CASES :

(i) Out of 21 cases of bilateral tubal Block.
- 5 had raised ESR and +ve MT.
- 10 had abnormal clinical findings.
- 4 had patent tubes on HSG.
- 2 were 25 yrs. and above and were infertile for more than 5 years.

(ii) Out of 9 cases of unilateral tubal Block.
- 5 had Abnormal clinical findings.
- 2 had H/O Koch's.
- 2 had tubes patent on HSG.

(iii) Out of 18 cases of patent tubes with tubal pathology.
- 8 had abnormal clinical findings.
- 4 had H/O Koch's.
- 6 had infertility of more than 5 years and age was above 25 years.

(iv) Out of 11 cases of ovarian pathology.
- 8 had abnormal clinical findings.
- 3 had just follicular cysts.

CONCLUSION :

Thus, from the above analysis it may be concluded that Laparoscopy as a primary procedure should only be done in the following group of patients :

(i) age more than 25 years.
(ii) infertility of more than 5 years.
(iii) having H/O Koch's.
(iv) having H/O PID with dysmenorrhea or dyspareunia.
(v) having abnormal clinical findings, e.g. tender fixed retroverted uterus or any mass in fornix.
(vi) having any abnormal laboratory results e.g. raised ESR, + ve MT etc.

In all other cases oulation may be detected by non-invasive methods like USG or hormonal assays and tubes may be tested again by USG or by HSG. And if they are found normal these patients may be left alone with a advice about fertile period for a period of 6 months or so and if they do not conceive after this period then a proper diagnostic with operative laparoscopy combined with hysteroscopy may be planned for a proper evaluation of the patient.

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