Proximal tubal block: Cannulation by Tactile Method

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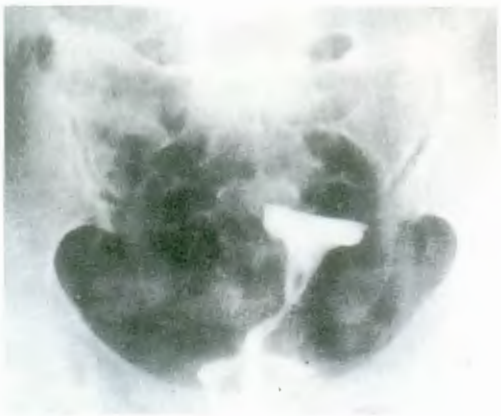
Diagnosis and treatment of tubal disease are entering into a new, relatively non-invasive era. Recent reports suggest that the proximal oviduct may also be obstructed by amorphous material that could be dislodged by direct tubal flushing or probing. We, hereby, report our initial experience using transcervical proximal tube cannulation successfully in two patients.

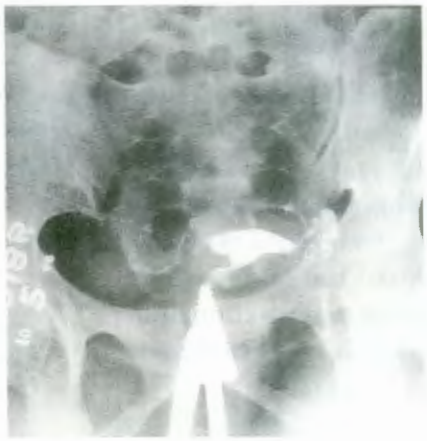
Ist Patient

A 32 year old primary infertility patient went through all investigations. Her PCT was good with secretory endometrium. Semenogram was normal. HSG was done on 21.8.95 showed bilateral cornual block, which was confirmed on pelviscopy under general anaesthesia. On 10.5.96 tubal cannulation was planned postmenstrually. Patient received one capsule of Doxycycline (100mg) and one tablet of Ibubrufen (400mg) in the morning before the procedure.

Procedure

Baseline ultrasonography was done to visualise uterus and adenexa. Oliver set MK-II (Leelamed) tubal catheter was used for cannulaton. After cleaning the vagina with normal saline, uterine inserter which has a precurve 45 degrees with an olive shaped distal tip was inserted into the uterine cavity with mandrel. The polyamide inserter of 1.1 mm internal diameter facing towards one of the tubal ostium was kept in the same position. The tubal





catheter slided inside through the positioned guide. Distal end of tubal catheter was attached with 10ml of pre-loaded saline plastic syringe. With to and fro movement slowly saline was pushed through the catheter, till it flowed inside through tubal ostium without any resistence. Same procedure was repeated on other side. After the completion of procedure, collection of fluid in pouch of Douglas was documented with sonography as the evidence of tubal patency. HSG was repeated and it showed bilateral tubal spill (Fig. Ia and Ib.)

This patient conceived with ovarian superovulation and IUI but unfortunately had missed abortion at 10 weeks of gestation.

IInd Patient

A 26 years old patient had primary infertility of 6 years. Bilateral cornual block was confirmed on pelviscopy after her HSG. Her LMP was on 28.1.98. Tubal cannulation of both tubes was done on 3.2.98. Post-treatment HSG was done on 6.2.98 which showed bilateral tubal spill.

These two patients are on continuous follow-up and have not showed any sign of post-operative infection. The tubal cannulation with tactile method is an easy and relatively non-invasive procedure for the patients with proximal tubal block. If it fails, patients may be submitted for tuboplasty.