

## Radiology

## KEYWORDS:

Sonosalpingography , Tubal Patency, Infertility , Normal Saline

### ROLE OF THE SONOSALPINGOGRAPHY FOR THE ASSESSMENT OF TUBAL PATENCY



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**Abstract-**

Infertility is the most common health problem in the world. Various methods and good infertility procedure are available. **Aim and Objectives-** The aim of our study is to determine the role of Sonosalpingography in the assessment of tubal patency in cases of primary and secondary infertility (Infertility women). **Methods** -In our study of 50 fruitless women complaining of infertility, suspected tubal pathologies underwent various radiological modalities. Sonosalpingography and Normal Saline was performed in all cases. **Result-** Sonosalpingography has 87.18% Sensitivity and 75.67% Specificity. Analysis of the row data gave positive predictive value of 80.19% and negative predictive value of 79.9% near perfect agreement was seen between the result of the one method. Majority of the cases belong from 26 to 30 years of age and have been suffering from obesity. 90% of the cases had primary type of infertility and only 10% of the cases at secondary type of infertility. **Conclusion** - Sonosalpingography has a high sensitivity for tubal patency and is less Expensive diagnostic procedure in the management of the infertility in the Females. easely availability and accessibility of the ultrasound in all primary health care centres definitely can prove superior to conventional method of diagnosis of tubal patency in the infertility patients.

**Introduction-**

Primary and Secondary Infertility is defined as the ability to conceive after unprotected intercourse for a period of one year of couples in which the woman is under 40 years of trying for couples in which the women is over 40 years of age. Primary infertility is a condition in which no previous pregnancies have occurred. Secondary infertility is a condition in which a prior pregnancy, although not necessarily a live birth has occurred.(1) .6.1 million people in the united states or roughly 10-15% of the individuals belonging to the reproductive age group are affected by infertility there were an estimated 48.5 million infertile couple worldwide from 1990 to 2010 (2). There is only little change noted in the overall prevalence of infertility in most of the countries (3).The prevalence of female infertility has increased since 1990, but secondary infertility has decreased overall. Tuboperitonneal factors are responsible for about 32- 42 % of female infertility in India.(4) The prevalence of pelvic disease , Genital tract tuberculosis, Chronic Infect ion etc. is quite common in our country so the incidence of Tubale factors in Infertile women is high.(5) Various methods have been developed for Tubale patency

evolution , SSG –Sonosalpingography used .This study is to bring to focus the value of the female pelvic SSG image in assist tubal patency in order to overcome the Sonosalpingogram reduce the cost of examination(6).

**Material And Methods –**

The research was conducted in the Department of Radiodiagnosis SCPM Gonda in collaboration with Obstetrics and Gynaecology in SCPM Hospital Gonda, Uttar Pradesh between 10 Oct 2022 to 20 Sep 2023 .All patients with primary infertility who fit in the inclusion and Exclusion criteria were selected in the study .The patient's detail history was taken clinical examination was done.

**Study Tools**

The tool used for data collection will be as follows:

Tool 1 : To observe general health and check list to assess Fallopian Tubes and Female Reproductive organs.

Tool 2: Ultrasound (Sonography) will be used for Evaluation of Emerging Trends

Tool 3: Balloon catheter

**Inclusion Criteria –**

All instances of infertility measured age between 20- 40 years. All cases were ready to take part in the study. The age limit was minimum 20 years and more than 40 years. Active PID (Pelvic Inflammatory Disease) Patients with cervical pathology (e. g: polyp) Hypersensitivity to differentiate. The patient is unsuitable for sedation or anaesthesia. The patient has history of tubal medical procedure. PCOD

**Exclusion Criteria -**

Age less than 20 years and above 40 years. Patient having history of Tubule surgery. Pregnant patient Blood Presser Cervical pathology.

Preparation of the Sonosalpingography for the patient , Bladder must be empty, after informed consent ,Antispasmodic drug was given 30 minutes before the SSG test. Patient asked to void urine before the SSG procedure ,Injection Dexamethasone , injection Chlorpheniramine maleate was kept ready. Antispasmodic was also administered half and an hour before the test.

**Sonosalpingography Examination Technique –**

The fact that transvaginal Sonography can provide information on endocrine, pelvic, uterine, and tubal variables is crucial to keep in mind. By properly planning and carrying out a sonographic examination, one might therefore combine the advantages of laparoscopy, HSG, hysteroscopy, and endocrine assessment in a single straightforward non invasive test.

Transvaginal ultrasonography is used to assess the pelvic organs and check for tubal patency at the couple's initial visit, allowing for a speedy diagnosis of any issues and the implementation of the best treatment plan. Prior to laparoscopy, it was believed that no infertility examination was comprehensive.

Without a doubt, laparoscopy is the most widely used and effective technique for examining pelvic variables and tubal patency. Negative laparoscopies can be avoided anytime the pelvic organs are deemed normal by the transvaginal ultrasonography.

**COMPLICATION OF SONOSALPINGOGRAPHY**

Ultrasound salpingography problems include procedure- and contrast-related. The discomfort and agony of the instrumentation are closely linked to the problems in the first group. This resembles X-ray HSG. However, between 2% and 8% of procedures fail because to either visualisation or canalization's technical challenges.

Many employees claim that contrast-related pain from using Echovist is less than from using HSG, although few have mentioned a greater prevalence of nausea and vasovagal responses, which seem to be particularly frequent among those with patent tubes.

This could be because Echovist-200 has a greater osmolality than standard X-Ray contrast agents. Agitated saline appears to be less uncomfortable, most likely once more due to the injection solution's low osmolality.

**SPECIFICITY OF SONOSALPINGOGRAPHY**

Similar to the majority of other research, laparoscopic evaluation has revealed that the sonosalpingography diagnostic accuracies, sensitivity, and specificity are comparable to those of hysterosalpingography. Tubal peristalsis is typically undetectable in HSG, however. Further more, it is discovered that SSG enables the visualisation of polyps, adhesions, and myomas within the endometrial cavity.

The specificity of the Sonosalpingography for identifying tubal patency was 96.2%, when the specificity was 80%, according to the findings of other researchers. Although investigators were unable to detect any infectious problems, several of the patients did have stomach pain, which was thought to be a sonosalpingography side effect.

**RESULTS -**

**Table no.1. Representation of frequency distribution of cases with respect to Age Interval.**

Age Interval	No of cases	Percentage
20-25 Year	15	30.0
26-30 Year	26	52.0
31-35 Year	7	14.0
Above 35 Year	2	4.0
Total	50	100.0

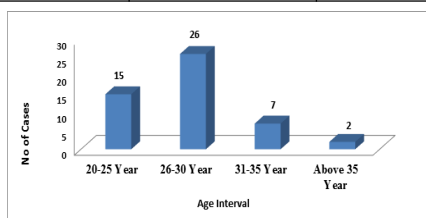


Fig.1 shows the frequency distribution of Age interval, where 15 subjects were found in 20-25 Year i.e., 30.0%, 26 subjects were found in 26-30 Year i.e., 52.0%, 7 subjects were found in 31-35 Year i.e., 14.0% and 2 subjects were found in Above 35 Year i.e., 4.0%

**Table-2- Representation of frequency distribution of cases with respect to Type of Infertility.**

Type of Infertility	No of cases	Percentage
Primary	45	90.0
Secondary	5	10.0
Total	50	100.0

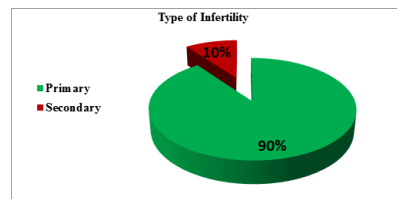


Table no.02 and Fig.no 02 show the frequency distribution of types of infertility, where 45 subject were found in Primary Infertility i.e. 90 % and 05 subject were found in secondary infertility i.e. 10%.

**DISCUSSION-**

Similarly another study that was conducted by the researchers Ghani et al. they had included 34 cases who were suffering from either primary or secondary kind of infertility and the evaluation also done for the tubal patency with the help of sonosalpingography.

They had observed in their results that the specificity of the Sonosalpingography for diagnosing the tubal patency was 96.2% where the specificity was 80%. Even though they could not observe any infectious complications, abdominal pain was noticed in some of the patients that was considered to be the effects of sonosalpingography.

Following that this paper had focused on the association between the type of infertility to that with the reports of SSG.

**CONCLUSION –**

We concluded that Sonosalpingography is highly Sensitivity , specific and is less invasive . Fallopian tube evolution is important in infertility cases. The results of this study -Sonosalpingography showed bilateral tubal patency in 84% in cases. So I said that the Best Examination of the SSG for Infertility cases . Sonosalpingography is a best ,chief and office based technique in the evaluation of tubal patency and uterine status. The outcome of Sonosalpingography is almost similar to the values of Hysterosalpingography. The Sonosalpingography should be used initially to access tubal patency in case of Primary and Secondary infertility , if any abnormality is detected on Sonosalpingography Examination .

- 52 percent of the instances, or the majority of the cases, are from the age range of 26 to 30.
- Obesity accounted for 54% of the cases and was present in the majority of them.
- 90% of the cases belong to the primary type of infertility, and only 10% of them were presented with the secondary type.

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