



RETROSPECTIVE REVIEW: COVID-19 IMPACTS ON HYSTEROSALPINGOGRAM’S SERVICE IN IRISH REGIONAL HOSPITAL



K. ANGKANAPORN¹, V. HIEMATH²

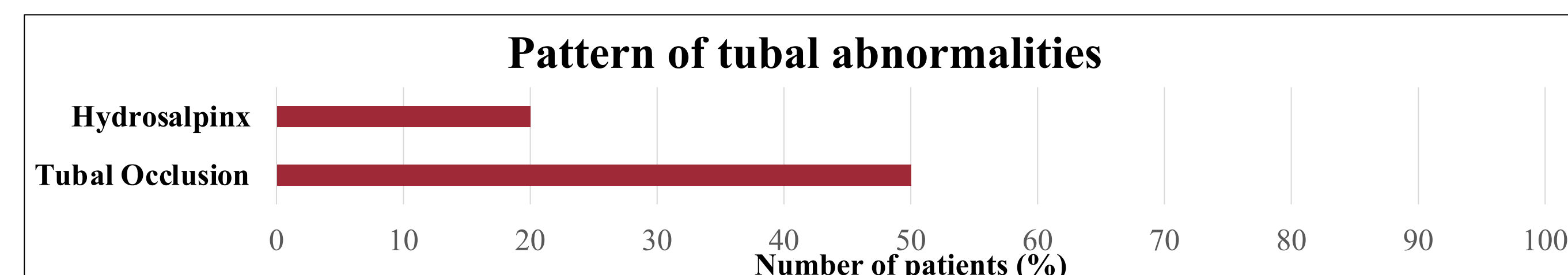
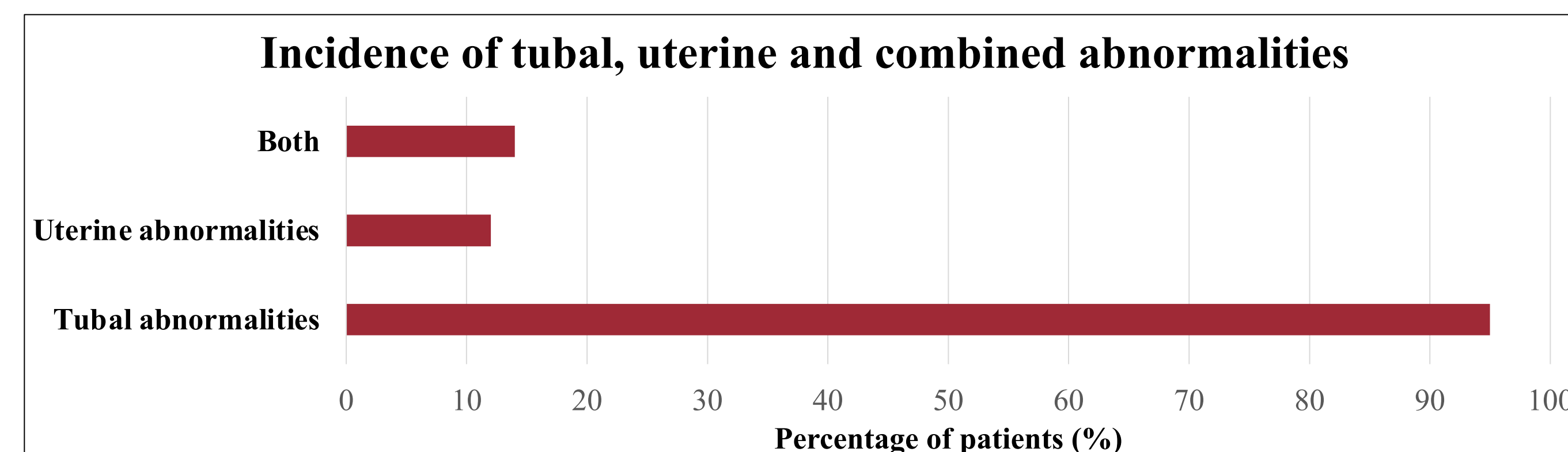
Obstetrics and Gynaecology Department, Tipperary University Hospital, Clonmel, Co. Tipperary, Ireland

STUDY DESIGN

This is a retrospective study. Electronic records and HSG reports reviewed, results were segregated into pre-covid, during covid and post covid period. Number of HSG performed was noted and rates of abnormal findings were calculated, to compare if any trends exist.

METHOD

All 121 patient’s electronic files who underwent HSG at Tipperary University Hospital from January 2018-August 2022. 7 cases with premature termination of HSG due to operational difficulties were excluded. Data collected and analysed using Microsoft Excel.

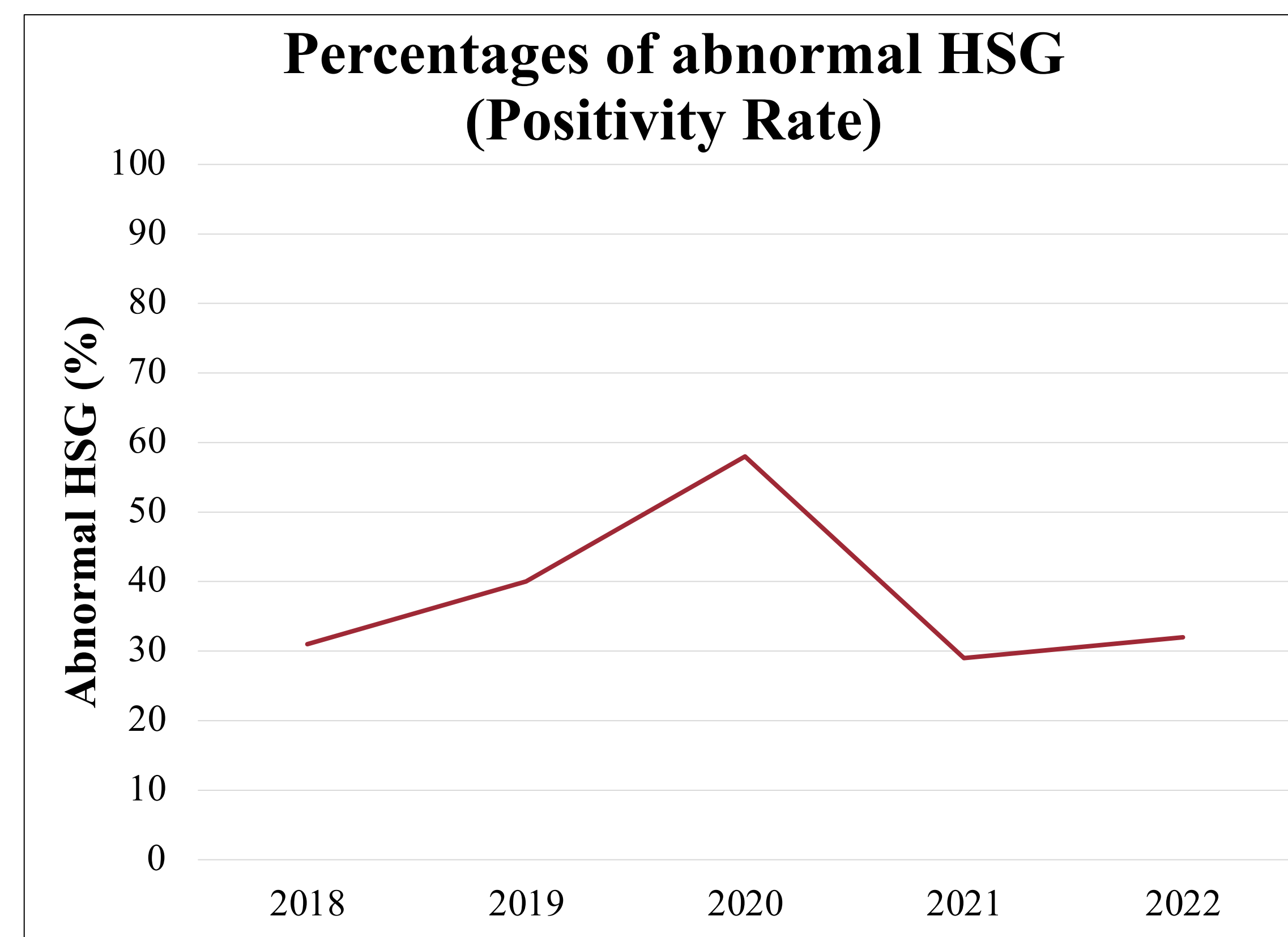
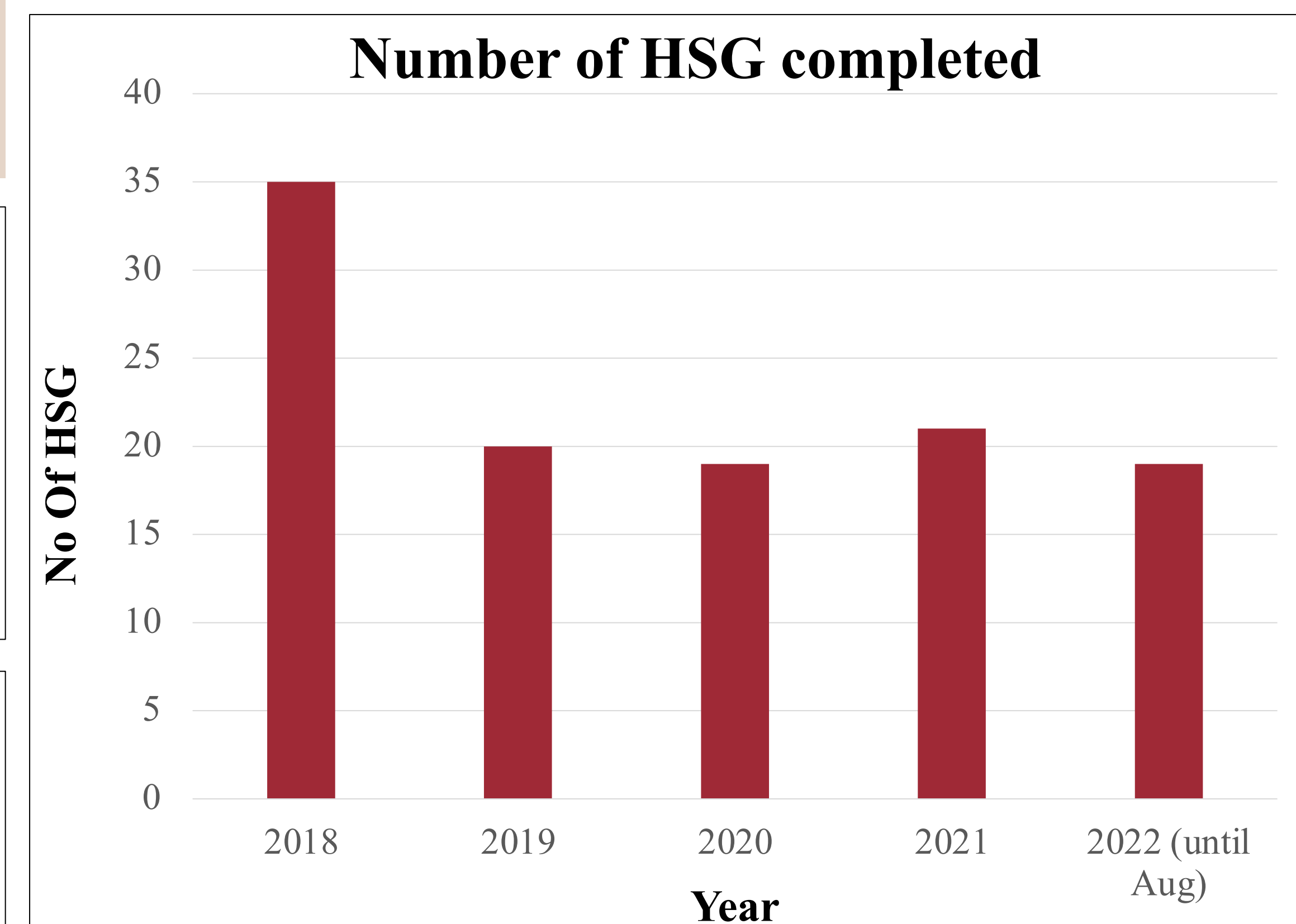


OBJECTIVE:

Tubal factor is one of the most common causes of female subfertility and is responsible for approximately 30% of cases.¹ Hysterosalpingography (HSG) is recommended as first-line imaging for women with no comorbidities as it is reliable for assessing tubal patency and is less invasive.²

Fertility care services were largely disrupted by the Covid-19 global pandemic and rates of HSG is likely to fluctuate and plunge.³

This study will determine the number of hysterosalpingography completed each year and their findings in a pre-COVID, COVID and post-COVID time period.

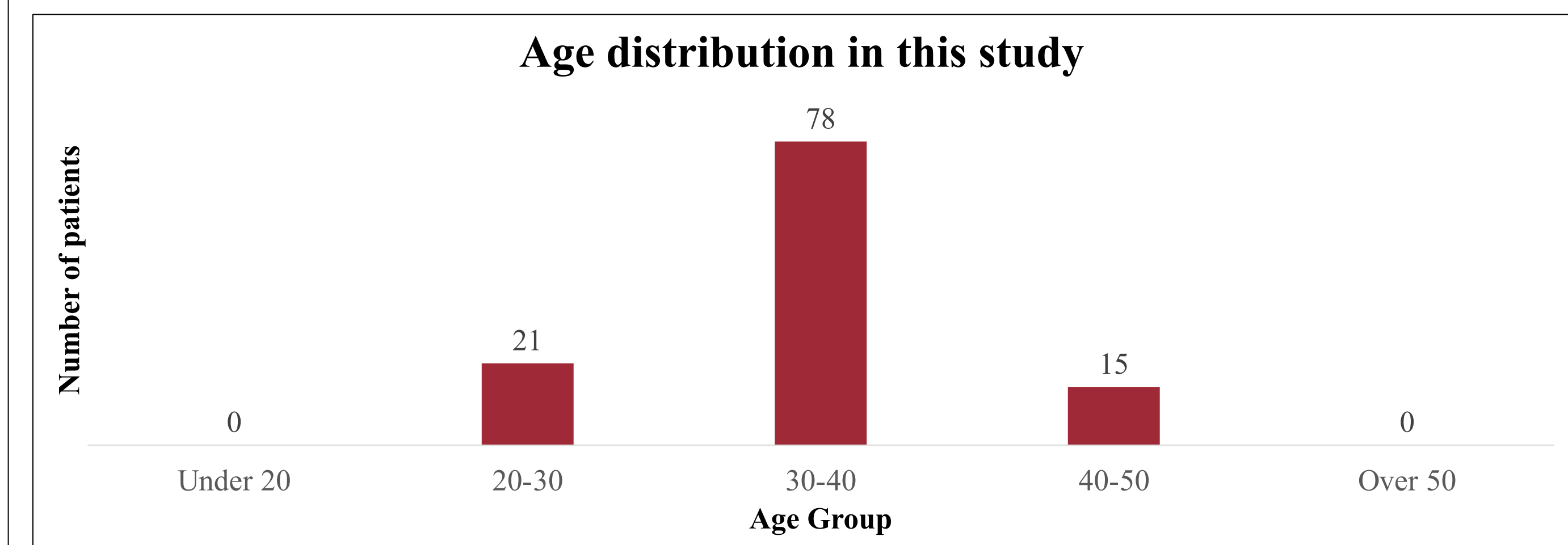


RESULTS

The age range in this study was 20-46 years, with mean age of 34.66 ± 5.24 . Majority of cases (70%) were in the 30-40 age group. 35, 20, 19, 21, 19 HSGs were performed in 2018, 2019, 2020, 2021 and until August 2022 respectively.

Regarding the abnormalities, the positivity rate for 2018 was 31%, rose to 40% in 2019, reached a peak of 58% in 2020, halved to 29% in 2021 and 32% in 2022.

Overall, 37% had abnormal findings. Tubal pathologies made up the majority of findings (95%), uterine abnormalities in 12% of cases, while 14% had both. The tubal occlusion was found in 50% and 20% were hydrosalpinx.



CONCLUSIONS

Number of HSGs performed during COVID nearly halved from pre-covid time. Post-covid the number marginally increased. Positivity rate had a steep rise during COVID-19 and fluctuated in the time post-COVID. Tubal occlusion resurges as the most common abnormal finding on HSG. This reflects HSG diagnostic role in assessment of subfertility in a regional hospital.

REFERENCES

¹E.C. Dun and C.H. Nezhat. Tubal factor infertility: diagnosis and management in the era of assisted reproductive technology. Obstetrics and Gynecology Clinics of North America. Vol. 39, No. 4, 2012: pp. 551-556.

²National Institute for Health and Care Excellence. (2013) Fertility problems: assessment and treatment (CG156). <https://www.nice.org.uk/guidance/cg156/resources/fertility-problems-assessment-and-treatment-pdf-35109634660549>

³Z.B. Gürtin, E Jasmin, P.D. Silva, C. Dennehy, J Harper and S. Kanjani. Fertility treatment delays during COVID-19: Profiles, feelings and concerns of impacted patients. Reproductive Biomedicine & Society Online. Vol 14, 2022 : pp 251-264.