

Laparoscopic Evaluation of Female Infertility cases following Failed Ovulation Induction

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Introduction

Diagnostic laparoscopy is generally not a part of initial infertility evaluation; however, number of reports have shown that it is effective procedure for evaluation of long- term infertility. Laparoscopy provides information regarding tubal and ovarian status, uterine normality and standard means of diagnosing various pelvic pathology e.g. pelvic inflammatory disease, endometriosis, pelvic congestion and tuberculosis.

Objectives

To determine the frequency of various pelvic pathologies in female infertility patients following failed ovulation induction for consecutive three cycles.

Materials & Methods

A total of 200 women with primary infertility, 18 to 40 years of age were included. Patients with hyperprolactinemia, hypothyroidism, hyperparathyroidism, absolute or relative contraindication for laparoscopy e.g. any preexisting cardiovascular or respiratory condition, generalized peritonitis, intestinal ileus or obstruction and abdominal hernia were excluded. All women were undergone diagnostic laparoscopy by a consultant gynaecologist (at least 5 years post-fellowship experience) and various pelvic pathologies i.e. polycystic ovarian syndrome, endometriosis, tubal occlusion, pelvic adhesion and fibroid were noted.

Results

On laparoscopy, frequency of various pelvic pathologies in female infertility patients following failed ovulation induction for consecutive three cycles was found to be as follows; tube blockage in 91 (45.50%), Polycystic ovarian syndrome in 46 (23.0%), fibroids in 33 (16.50%), endometriosis in 16 (8.0%) and pelvic adhesions in 14 (7.0%) patients.

Conclusion

This study concluded that tubal pathology is the most common pelvic pathologies in female infertility patients following failed ovulation induction for consecutive three cycles followed by PCOS and fibroid.

Table I: Frequency of various pelvic pathologies in female infertility patients following failed ovulation induction for consecutive three cycles.

Pelvic pathologies	Frequency	Percentage
Tubal blockage	91	45.50
Polycystic ovarian syndrome	46	23.0
Fibroid	33	16.50
Endometriosis	16	8.0
Pelvic adhesions	14	7.0