

LAPAROSCOPIC SURGERY IN THE DIAGNOSIS AND MANAGEMENT OF HYDROSALPINX IN THE PREPARATION FOR IN VITRO FERTILIZATION PROCEDURE

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Fallopian tube disease is one of the most common causes of infertility in women that results from tubal damage or obstruction. The American Society for Reproductive Medicine classification, based on scoring system of tubal changes verified by laparoscopy, is most widely used in practice.

The aim of the paper is to determine the involvement and stage of hydrosalpinx and surgical therapy options in patients treated for marital infertility due to tubal factors during the preparation for in vitro fertilization after laparoscopy. In the two-year period, at the Clinic for Gynecology and Obstetrics, Clinical Center Niš, 75 patients underwent videolaparoscopy to confirm previously established diagnosis of hydrosalpinx. Surgical treatment performed depended on the severity stage of hydrosalpinx. Removed Fallopian tubes were submitted for a histopathological analysis to the Institute of Pathology, Clinical Center Niš.

An early stage hydrosalpinx was diagnosed by laparoscopy in 32 tubes. Out of them, tubal removal was performed in 9 tubes, and reconstructive surgery in 21. The most conspicuous changes were present in 46 Fallopian tubes. Surgical removal was performed in 41 tubes, occlusion of the isthmus portion of the tube was present in 5 tubes, and no reconstructive surgery was performed (significant correlation $p < 0.001$ between the stage of hydrosalpinx and type of surgery). HP analysis of the removed Fallopian tubes revealed chronic inflammation in 84.27%.

It is necessary to employ always the same, clear criteria in the diagnosis and to select properly the patients who will benefit from hydrosalpinx surgery, either tubal removal or reconstructive surgery.

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