Chapter 8

Tubal Block and Hydrosalpinx

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One of the investigations performed for an infertile couple is a hysterosalpingography (HSG). HSG is a technique in which a contrast medium (g) (a special dye that can be seen on an X ray) is injected into the uterine cavity. X rays are then performed to see whether the contrast medium flows out through the tubes and out of the fimbrial end, indicating patency of the tube (to see that the Fallopian tube is not blocked).

Tubal blockage can occur in several places.

1) There may be a block at the cornual end of the tube (see chapter 1 on anatomy). In this situation, only the endometrial cavity can be seen but not of the tube (Figure 8.2).
2) Sometimes only part of the tube can be seen. The dye reaches midway into the tube but no fluid is seen coming out of the fimbrial end.
3) The outline of the tube is seen but no dye is seen coming out from the fimbrial end of the tube. Sometimes the fimbrial end of the tube distends like a balloon. This is called a hydrosalpinx (Figure 8.1).

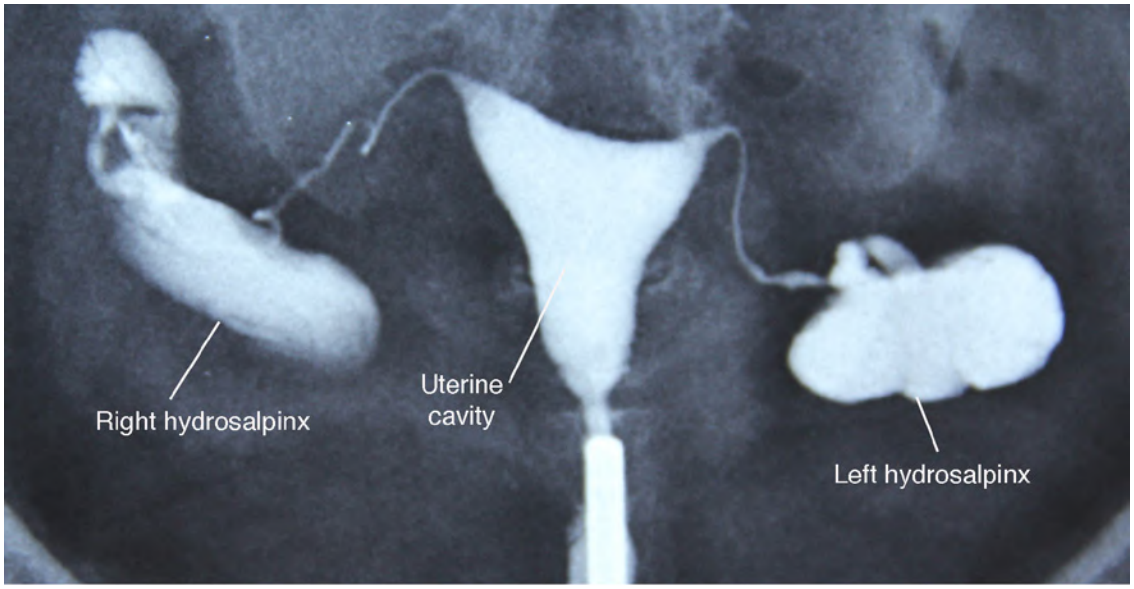

Figure 8.1 Hysterosalpingography showing bilateral hydrosalpinx

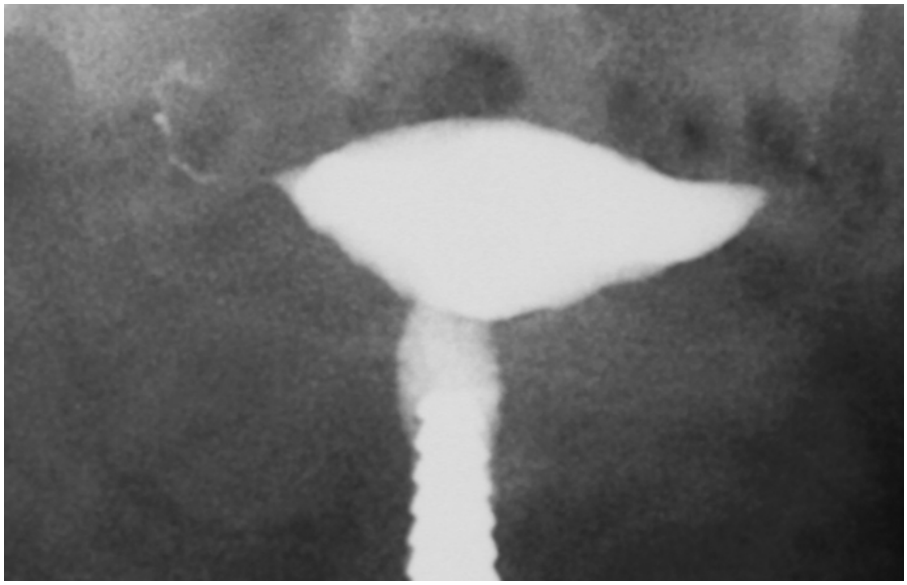

Figure 8.2 Hysterosalpingography showing bilateral cornual block

A hydrosalpinx can sometimes be seen on an ultrasound). This can be seen as a fluid filled elongated cystic structure adjacent to the ovary (Figure 8.3). Tubal block at the cornual end and within the tube cannot be seen on an ultrasound. A large hydrosalpinx can sometimes be mistaken for an ovarian cyst or a broad ligament cyst. A broad ligament cyst is a cyst or fluid collection in the tissue called the broad ligament which is found between the tubes, ovaries and the uterus. Hydrosalpinx are usually filled with water. Sometimes it may be filled with blood (haematosalpinx) or can be infected and filled with pus (pyosalpinx)

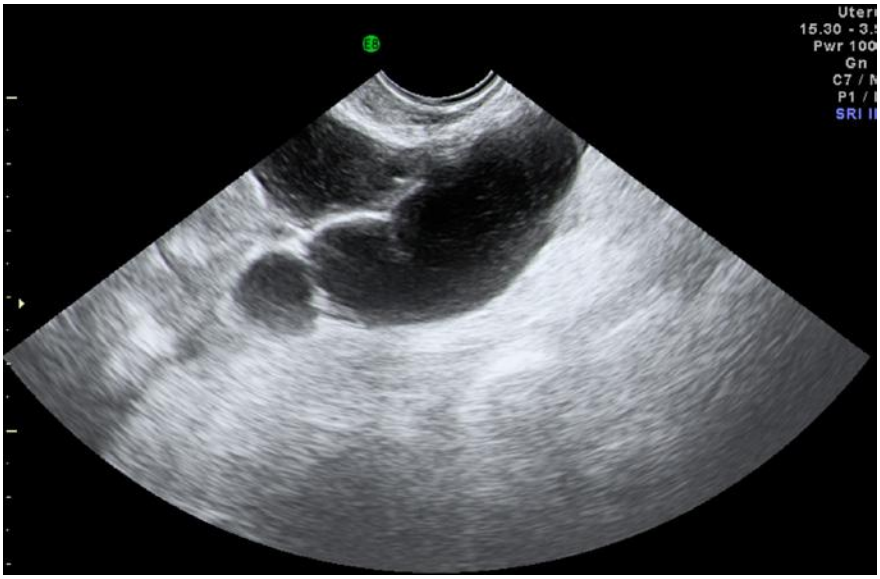

Figure 8.3 Ultrasound picture of a hydrosalpinx

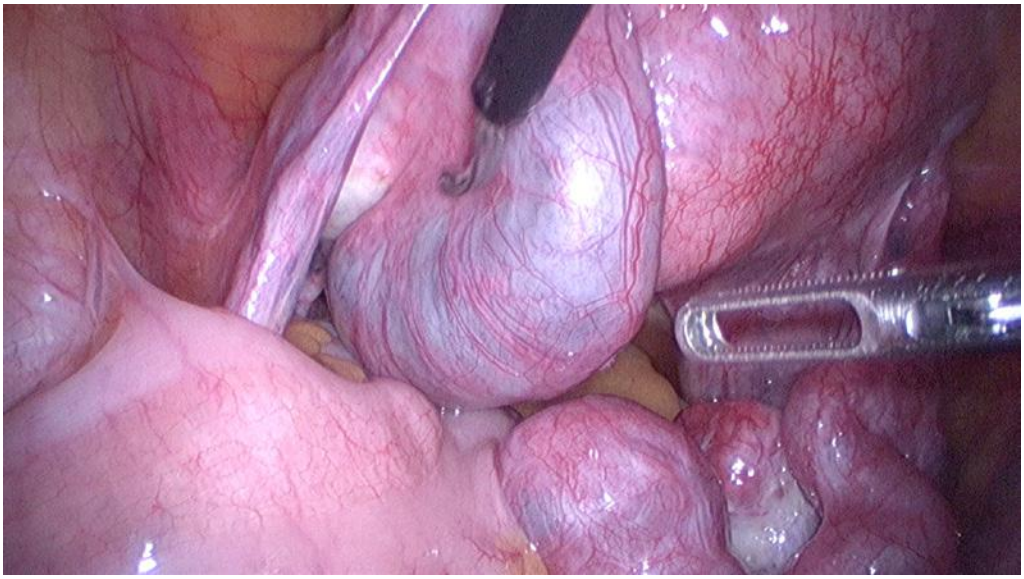

Figure 8.4 Hydrosalpinx of the left fallopian tube

Blocked tubes, including hydrosalpinx, are usually without symptoms (asymptomatic). Some patients with hydrosalpinx may have vaginal discharge. The hydrosalpinx can get twisted, on rare occasions and this can lead to acute abdominal pain requiring emergency surgery.

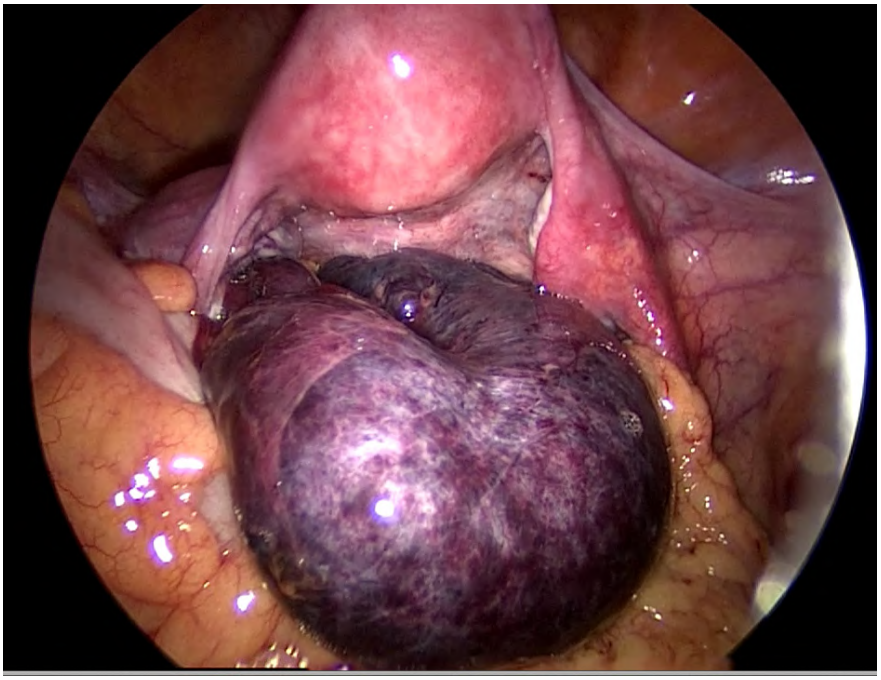

Figure 8.5 Twisted gangrenous left hydrosalpinx

Causes of blocked tubes and hydrosalpinx

The most common cause of a blocked tube is pelvic infection (pelvic inflammatory disease - PID). PID may be a result of sexually transmitted disease. Other causes of blocked tubes are endometriosis, a history of ruptured appendicitis, prior pelvic or abdominal surgery, previous surgery for ectopic pregnancy or a history of uterine infection caused by an abortion or miscarriage.

Treatment

Unless the patient is unable to conceive or there is pain, tubal blocks can be left alone.

Many different surgeries can be performed for these conditions and this will be discussed in Chapter 29. For patients who cannot conceive despite surgery, Invitrofertilization (IVF) is the best option for pregnancy.

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Watch Video 8.1

Tubal Block and hydrosalpinx

https://vimeo.com/159005056

Summary

Tubal block can occur at different parts of the fallopian tube. The most common are at the cornual end and at the fimbrial end. When there is a block at the fimbrial end, the tube can become distended (swollen) and this is called a hydrosalpinx. Hydrosalpinx may be diagnosed by an ultrasound or a hysterosalpingogram. Hydrosalpinx are usually asymptomatic and do not require any treatment unless the patient is keen on pregnancy.