Histerosalpingography role in the diagnosis of utero-salpingo tuberculosis clinical considerations.

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Abstract – Hysterosalpingography is primarily used to examine women who have difficulty becoming pregnant by allowing the radiologist to evaluate the shape and structure of the uterus, the openness of the fallopian tubes, and any scarring within the peritoneal cavity. Also histerosalpingographyc procedure (HSG) is considered by most authors as necessary to establish the diagnosis of salpingo tuberculosis. Even if the reason of the clinic presentation and express wish of the patients was that of complete sterility treatment for a pregnancy, should be said that serious tuberculosis genital harm and of the other organs in combination not allowed us to recommend it.

Keywords – hysterosalpingography, diagnosis of utero-salpingo tuberculosis

1. Introduction

In the context of recrudescent tuberculosis nationwide in the last 8 years, the incidence of genital damage followed the same upward trend. If literature mention a significant decrease in disease incidence, the percentage of up to 18% in the year 1970, reaching 5 years ago to 2-3% of cases of disease, we see that this TB's Reproductive in the last years it felt more frequently in obstetrics-gynecology clinics.

Genital tuberculosis is caused by Bacillus Koch with hematic penetrating way, rarely lymphatics or contiguous to an outbreak from tuberculosis focal, in the vicinity. The most important location of the genital tuberculosis remains the salpingo (78% of cases) in 20% cases the location is uterus and only 2% at the ovary. In the current practice is common these clinical forms of genital tuberculosis: tuberculosis, which simulate chronic anexitis, tuberculosis anexitis associated with peritoneal tuberculosis, genital tuberculosis associated with other gynecological diseases: fibroma, cancer, genital inflammation, tuberculous salpingitis, latent form.

Patients with primary or secondary infertility which not has a history gonococcal genital infections, post abortum or postpartum, but with family history of bacillary infections may be suspected by genital tuberculosis. Sequelae of clinically cured tuberculosis. Uterus sinechia occurs in women in which was no history of surgery to the uterus (uterine surgery or curettage). In actual practice the diagnosis of genital tuberculosis arises through corroborating clinical and laboratory examinations (morphopathological, culture) but also the essential exam is histerosalpingography.

Hysterosalpingography is a procedure where x rays are taken of a woman's reproductive tract after a dye is injected. Hystero means uterus and salpingo means tubes, so hysterosalpingography literally means to take pictures of the uterus and fallopian tubes. Hysterosalpingography is primarily used to examine women who have difficulty becoming pregnant by allowing the radiologist to evaluate the shape and structure of the uterus, the openness of the fallopian tubes, and any scarring within the peritoneal cavity.

Histerosalpingographyc procedure (HSG) is considered by most authors as necessary to establish the diagnosis of salpingo tuberculosis. Radiological changes in utero-salpingo tuberculosis were differently divided by authors. Hereby, Kraulug evaluate them: probable and suspect, Rozin in probably, very probable and sure.

The most common radiological imagine confirmed morphopathological in the fallopian tubes are: microlacunar images in the fallopian tubes, image-looking barbed wire or grapes in the tube ampula, tubes-look "images of beads", image of the rigid tubes like the "pipe" or "stick golf" , images of calcification in the fallopian. Radiological signs in the uterine cavity: image of uterus with partial or total synechia, irregular shape, amputation of one or both uterine horns , hypoplasic uterus , image of the pseudomalformatet uterus.

2. Material and method

Between 01-2003 and 07-2009, our clinic has had about 110 patients with primary or secondary infertility as motivation. Most patients were aged 26-40 years. In addition to complex investigations for infertility, these patients have
received HSG.

3. Results and discussion

In 7 of the cases on which the patients HGS met radiological features suggestive of genital tuberculosis, disease which was subsequently confirmed by specific laboratory and morphopathologic tests. Hereby: - 1 case with uterus pseudomalformation image - 2 cases of partial uterine synechia image - 1 case image of stiffness tubes - 1 case with the image of amputation of the fallopian in the uterine horns - 1 case with image sactosalpinx - 1 case with picture "in beads" in the left tube

In these situations we have resorted to a complex investigation which aimed first of all, cooperation with the ftiziology. Specific laboratory tests were conducted, extensive exploration in the respiratory, renal etc.seeking possible etiology for a location genital tuberculosis infection.

Analysis of 7 cases showed that in most cases (5 patients) was the major improvement the lung and pleural. In a case of tuberculosis was diagnosed in the kidney. In the 7th case was confirmed the diagnosis of tuberculous pericarditis in history, which required surgery and the sampling of tissue-pericardectomy that confirmed bacillary morphopathological etiology.

In all these cases the patients were sent clinic strictly for sterility, without clinical symptoms to justify a diagnosis of genital TBC, only complete investigation of cases and actually make HSG turned toward a correct etiological diagnostic. Unequivocal confirmation the diagnosis in these cases came through the saplyngian test examination conducted by laparoscopic surgery.

Full tuberculostatic therapy cure assumed near complete and 3 cases of surgical cure.

![Fig.1 Uterus cavity located in right laterodeviation, normal sized, homogeneous opacification with net shape: uniform opacification tubes, greatly enlarged in the ampulare region, then closed off.](image1)

![Fig. 2 Right short tube, scratchy opacification, small, microfistula located periistm; issue of rigid trunk left](image2)
4. Conclusions

Even if the reason of the clinic presentation and express wish of the patients was that of complete sterility treatment for a pregnancy, should be said that serious genital harm and of the other organs in combination, not allowed us to recommend it.

The investigation proves that a usual state of sterility, although moral outdated, modern diagnostic possibilities keeps a great utility, if the investigation protocol is complete.

5. References