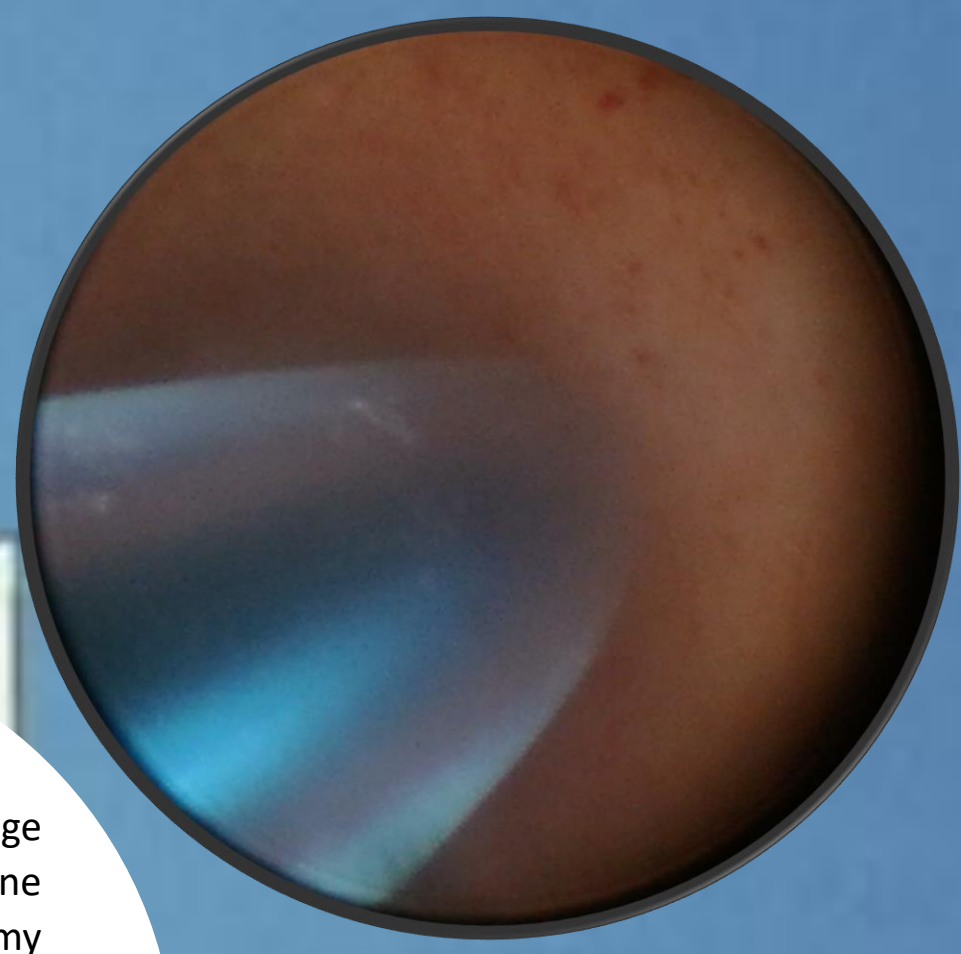
A unique method for tubal patency testing: selective pertubation during office hysteroscopy (OHSC-SPT)

Judit Lőrincz M.D.

Péter Török M.D., PhD

AIM

Nowadays, diagnostic examinations and therapies for infertility represent a significant financial burden for both the patient and the health-care system. More recently during the so-called “no-touch” office hysteroscopic technique, using thin optics, with no need for grasping or dilating the cervix, without anesthesia and without pain, selective pertubation can allow the assessment of tubal patency during office hysteroscopy.



METHOD I.

The excellent hysteroscopic image quality and intrauterine observation accuracy of anatomy also raised the possibility of examination of the fallopian tubes.

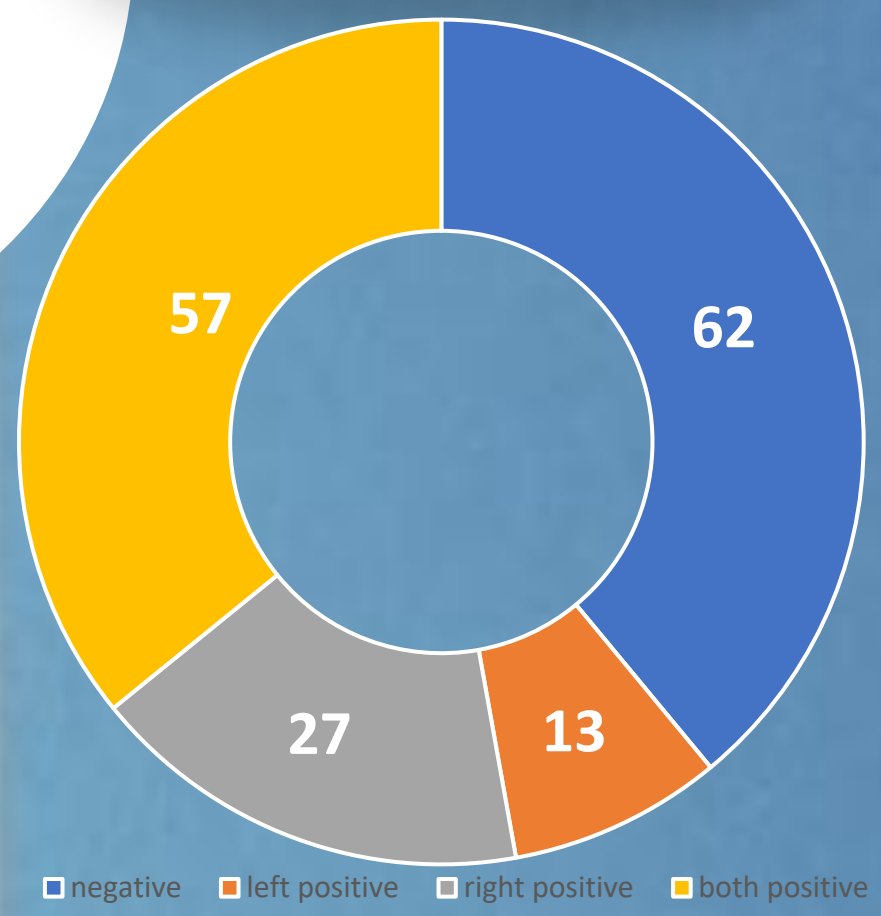
To test the patency of the Fallopian tubes using an optical sheath with a working channel, a a plastic catheter is inserted to the ostia of the Fallopian tube.

METHOD II.

Methylene blue (routinely used for laparoscopic chromohydrotubation) on both sides

is injected into the Fallopian tubes. Uterine cavity distended with saline; the blue dye can be observed well in the transparent catheter. If the Fallopian tube is patent, the cavity of the uterus remains transparent, but when the Fallopian tube is blocked, the colored saline solution flows back into the uterine cavity and turns it blue.

Protocol No.: DE RKEB/IKEB:5647-2021



RESULTS

In our infertility out-patient clinic in Debrecen, Hungary, we performed 159 selective pertubation procedures during office hysteroscopy over the last 3 years. Mean age of the patients was 33.31 years. 48 were negative (both tubes are patent), in 97 cases at least one side was positive.

31 patients decided to undergo assisted reproduction procedure after the OHSC-SPT with positive result.

CONLUSION

OHSC-SPT is a reliable and a well-tolerated procedure, with high diagnostic accuracy. It could be used initially to predict tubal patency in case of infertility. One of the advantages of this method over other procedures is the selectivity. Hence its name: selective pertubation during office hysteroscopy.