

KARNATAKA RADIOLOGY EDUCATION PROGRAM

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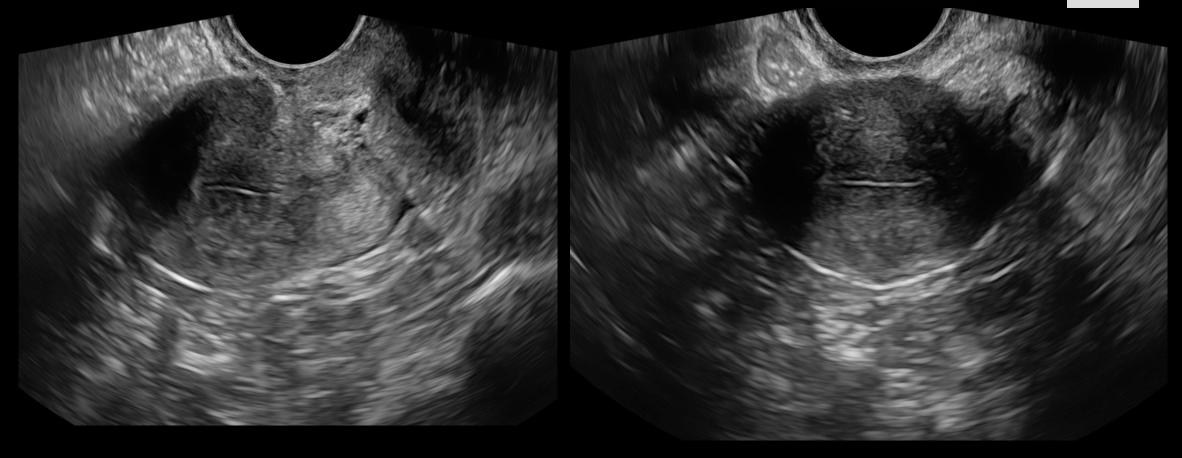
JJM MEDICAL COLLEGE, DAVANGERE

PRESENTER- DR WASIMA, PG RESIDENT

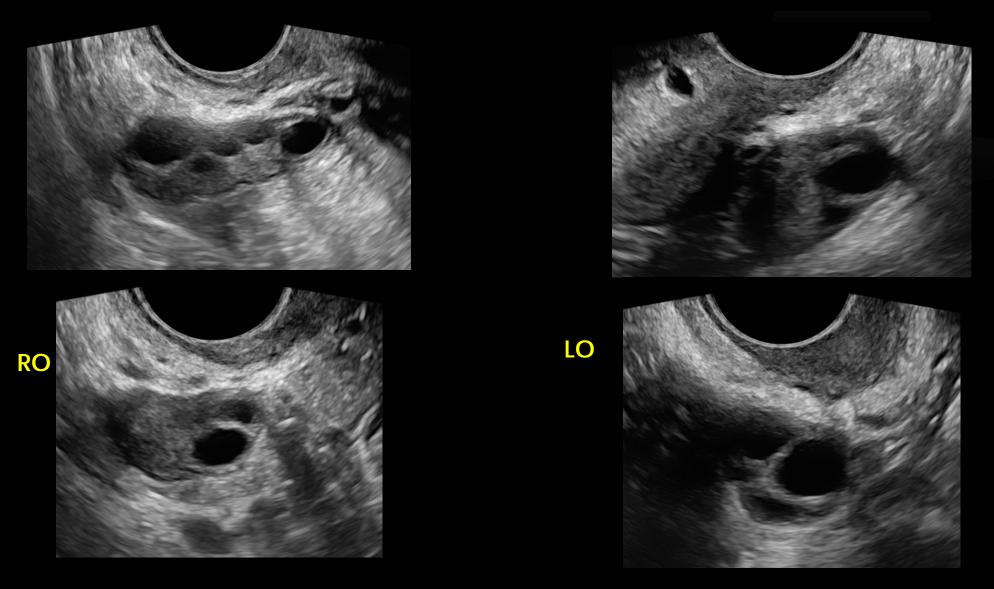
Clinical history

- ► A 30 year old female has chief complaints of inability to conceive.
- ► The patient gives history of 1 spontaneous abortion 4 years ago in her 1st trimester and hasn't been able to conceive since then-Diagnosed to have Secondary infertility
- ► Menstrual history: Regular cycle of 28 days, 4-5 days/cycle, LMP:16/06/24. No dysmenorrhoea/menorrhagia.
- ▶ Not a K/C/O Hypothyroidism/Diabetes/HTN/PCOS/TB
- No h/o fever, pain in abdomen. But patient gives h/o on and off whitish discharge PV for 2-3 years.
- Clinical examination: Normal
- Blood investigations: CBC :WNL
- Previous USG Abd+Pelvis: No significant abnormality
- ► HSG was suggested to evaluate for secondary infertility.

Preliminary USG Pelvis:



TVS: Uterus: Anteverted, anteflexed, normal in size, shape and echopattern. Endometrium: Central and thin (4mm). The endo-myometrial junction: preserved with no obvious focal lesions in the uterus. The sliding sign: positive. No obvious lesions seen on the surface of the uterus or adjacent to it. Cervix: normal with few nabothian cysts in the anterior and posterior lips of cervix. POD is free



Bilateral ovaries appear normal in size, shape, volume, and echotexture **A Dominant follicle noted in the left ovary**. Bilateral adnexa free.

SCOUT FILM



Pelvis (AP view):

No calcification/radioopaque foci or calculi noted. The visualized bones of the pelvis appeared normal.

HYSTEROSALPINGOGRAPHY



Spot radiograph 1: On instilling 2cc contrast, Uterus normal in shape with no filling defect and contour abnormalities.



Spot radiograph 2: On instilling 2cc more contrast, Free intraperitoneal spillage of the contrast from the left fallopian tube. However, Right fallopian tube doesn't show free spillage



Spot radiograph 3: Another 2 cc of contrast intilled:

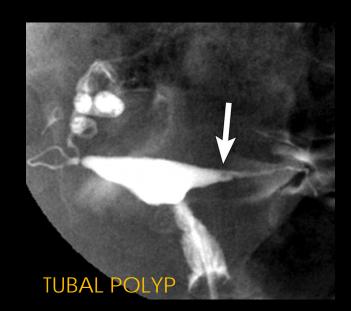
Confirms no spillage from the right FT.

The contrast on the right side is from the left fallopian tube as noted while doing the procedure in real time.

DIAGNOSIS

- Uterine cavity appeared normal in shape
- Left fallopian tube appeared patent with free spillage of contrast into the peritoneum.
- Right fallopian tube was seen late with no spillage of contrast into the peritoneum-s/o Fimbrial block

SALPINGITIS ISTHMICA NODOSUM

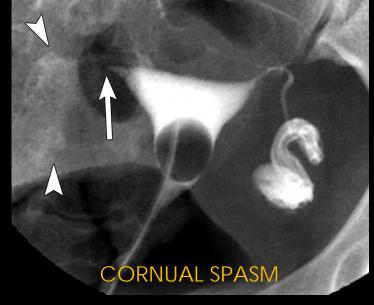


TUBAL ABNORMALITIES

Tubal abnormalities seen at HSG can be either congenital or due to spasm, occlusion, or infection. Following are the abnormalities apart from tubal occlusion.







THANK YOU