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Diagnosing endometriosis and pelvic inflammatory disease on laparoscopy in women with unexplained infertility: The very existence of this terminology is doubtful

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The term unexplained infertility (UI) was previously used for couples in which standard investigations like semen analysis, ovulation tests and tubal patency tests were normal with a prevalence of 30-40% of total infertile population. Some minor dysfunctions like endometriosis, undiagnosed pelvic infection and subtle ovulatory dysfunctions are misdiagnosed as UI creating a dilemma whether term UI really exists or not. Scientific curiosity must come into action through hystero-laparoscopy to reach a more pragmatic approach which considers both diagnosis and treatment at the same time. The increasing necessity of identifying a specific cause of infertility has emerged due to availability of targeted interventions. Thus, it is important for couples with UI to receive individualized treatment based on their actual cause of infertility diagnosed by laparoscopy. Prospective observational study has been done from March 2016 to February 2018 for 192 women to diagnose subtle dysfunction through laparoscopy who had unexplained infertility as their differential diagnosis. The prevalence of different lesions diagnosed at laparoscopy which were not detected on 2D/3D USG/HSG was calculated. Management was done accordingly. Laparoscopically detected abnormalities were

common in both primary and secondary infertility group. Mild and minimal endometriosis was diagnosed in 41.67% females and pelvic inflammatory disease component in form of extravasation of dye and pelvic adhesions was seen in 38.5% of women. These two abnormalities were the most common in such women. Other abnormalities as sacculated tubes, para-ovarian cyst and fimbrial cyst was diagnosed in 4.2%, 2% and 3.6% cases respectively. There was no major surgical or anesthetic complication in any of our patients other than mild abdominal discomfort and nausea/vomiting. Meticulous screening of women with possibility of hidden intrauterine and extra-uterine infections should be carried out. Thus, diagnostic laparoscopy is an integral part in the evaluation of cases before tagging them as “unexplained.”

Speaker Biography

Sonal Agarwal has completed her national board fellowship in reproductive medicine from BACC Health care Milan Bengaluru. She is presently working as consultant (Infertility Specialist) at Shanti Mukand hospital Delhi. She has over 30 publications that have been cited over 100 times and has been serving as an editor/reviewer of reputed Journals.

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