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### A Huge Hydrosalpinx In A Case Of Chronic PID In A Perimenopausal Woman

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#### ABSTRACT

A hydrosalpinx is dilated, blocked and fluid filled fallopian tube. The Major cause of hydrosalpinx is The tubal occlusion due to pelvic inflammatory disease (PID) which consequently may be secondary to ascending infection by chlamydia or gonorrhoea. In Indian set up tubal tuberculosis is an one of the important cause of hydrosalpinx formation. In young females not only it may cause infertility but also may have an adverse impact on the outcome of IVF. In older females it may the cause of chronic abdominal or pelvic pain, dyspareunia, and a sense of pelvic pressure. Sometimes it may also present with torsion. Hydrosalpinx usually is found in reproductive age group and is found less commonly seen in prepubertal and perimenopausal women. We present here a case of hydrosalpinx in perimenopausal woman who presented with lower abdominal pain. She was treated with Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy.

**KEYWORDS:** KEYWORDS: Hydrosalpinx, Perimenopausal age, Hysterectomy with bilateral salpingo-oophorectomy.

## INTRODUCTION

A hydrosalpinx is defined as a fluid filled distension of the fallopian tube in the presence of distal tubal occlusion<sup>1</sup>. This may be unilateral or bilateral. In young females it is one of the important cause of infertility and also one of the causes of adverse outcome of the In Vitro Fertilisation<sup>2</sup>. It usually is asymptomatic but may present as chronic abdominal and pelvic pain, low backache and dyspareunia. Sometimes it may present as severe abdominal pain secondary to torsion. The incidence of torsion is very rare and is reported to be around 1 in 500,000 women<sup>3</sup>. The diagnosis of hydrosalpinx can be easily established using various imaging techniques<sup>4</sup> including HSG, Hysterosalpingo-contrast ultrasonography and TVUS. The management options in young female patients include functional tubal surgery, salpingectomy and IVF for infertility. While in perimenopausal woman and in those women who have completed their family salpingectomy is preferable.

## CASE REPORT:

A 45-year-old multiparous female presented to us with history of abdominal pain since 5 months which was on and off. Pain used to subside by analgesic

medications. There was also a history of white discharge per vaginum and irregular menstrual cycles. Patient was admitted. On admission the patient was afebrile and vitals were within normal limits. On general examination patient was obese. On per speculum examination the vagina and cervix was found to be healthy. On per vaginal examination there was a mass felt in right fornix. Uterine size could not be estimated because of obesity. In view of palpable mass in right fornix an ultrasonography was done which was suggestive of right ovarian cyst of size 15X6X10 cm and also there was tubular lesion in the midline and right side of pelvis s/o hydrosalpinx. A CT was ordered to confirm the findings of USG which showed a large well defined tubular lesion in midline and right side of pelvis. CA 125 was done to rule out carcinoma but it was 6.8.

Fig 1 : Hydrosalpinx



Patient was taken for exploratory laparotomy. During laparotomy right sided hydrosalpinx of 20X6X4 cm was found. Left sided fallopian tube and bilateral ovaries were normal. Patient was treated with Total Abdominal Hysterectomy with Bilateral salpingo-oophorectomy . Patient tolerated procedure well but on postoperative day 7 patient had burst abdomen for which she was shifted to surgery where exploration with tension suture closure of abdominal wall was done. Later sutures were removed and patient was discharged.

#### **DISCUSSION :**

The cause of hydrosalpinx is usually infections. The patient is usually asymptomatic but may present with lower abdominal pain, dyspareunia and menstrual irregularities. Many retrospective studies have shown that the hydrosalpinx is associated with poor IVF outcome<sup>5</sup>. Laparoscopic surgery is one of the important procedure in diagnosis and management of the hydrosalpinx. In older patients laparoscopic management can be done which may include salpingectomy, salpingo-oophorectomy or TAH with BSO depending upon the pathology.

#### **CONCLUSION:**

Hydrosalpinx is one of the important cause of chronic abdominal or pelvic pain. Any female presenting with chronic abdominal or pelvic pain must be evaluated for this condition specially if there is palpable lump in fornices.

#### **CONFLICT OF INTEREST :**

None

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