Should diagnostic/surgical laparoscopy be performed on infertile patients with normal hysterosalpingography?

Dear Sir,

I read with great interest the recent publication by Fatum et al., ‘Investigation of the Infertile Couple’ published in the last issue of Human Reproduction (Fatum et al., 2002).

I have been performing laparoscopic procedures since the late ’60s and I strongly disagree with their recommendation that diagnostic/surgical laparoscopy should not be performed on infertile patients with normal hysterosalpingography.

There have been numerous publications indicating that the hysterosalpingography findings can be misinterpreted, in my
experience that happens fairly often. For that reason I made it a practice to review actual films, not only hysterosalpingography reports. If the patient has so-called ‘unexplained infertility’ there obviously must be a reason for her not getting pregnant. This reason is frequently discovered by diagnostic/operative laparoscopy. Some abnormalities found at that time might have significant impact not only on the fertility potential of the patient, but her general health as well. It should be a routine part of the laparoscopic procedure to visualize the entire abdomen, not only uterus, tubes and ovaries. Occasional unexpected findings are made outside of the pelvis. That, of course, represents additional benefits to the diagnostic work-up. I understand that the cost of medical care has become more important in the last few years, but there should be a limit to how much it may affect our clinical judgement and the patient’s care and welfare. I would submit that the outpatient laparoscopy could be more cost efficient than 3–6 months of treatment with gonadotrophins and intrauterine insemination followed by a number of IVF attempts. Laparoscopic control of endometriosis and peritubal adhesions provides excellent results in a much shorter time and at significantly lower expense. The ‘unexplained infertility’ does become explained. We seem to be forgetting that intra-abdominal scarring and endometriosis can be a problem not only for becoming pregnant, but can also compromise general health. Thus, it has been my routine practice that in patients who have so-called unexplained infertility, diagnostic/operative laparoscopy is offered early in the investigation.

Reference