

A CASE REPORT ON HYDROSALPINX IN A WOMAN WITH A PARTIAL HYSTERECTOMY

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ABSTRACT

Hydrosalpinx is defined as a collection of fluid in the fallopian tube. Bilateral or unilateral illness may be present, depending on the causes of the hydrosalpinx. Most frequently, a pelvic infection is linked to bilateral hydrosalpinx. However, partial hysterectomy and hydrosalpinx, which often manifests unilaterally, may be related. Sonography is an effective technique in the visualization and diagnosis of hydrosalpinx and other fallopian tube abnormalities, despite the fact that it is frequently challenging to see a normal fallopian tube. It is crucial to include hydrosalpinx in the differential diagnosis when a patient with a history of partial hysterectomy and concomitant pelvic discomfort is reported. This case presents a woman with pain in her left abdomen with a history of partial hysterectomy. A pelvic sonogram revealed evidence of a unilateral hydrosalpinx and her symptoms resolved after antibiotic therapy.

Keywords: *Hydrosalpinx, hysterectomy, antibiotics*

INTRODUCTION

The term “hydrosalpinx”, is a Greek word, meaning ‘water tube’, and refers to distension or dilatation of the fallopian tube in the presence of a distal tubal occlusion (1). The causes of a hydrosalpinx include adhesions from pelvic inflammatory disease (PID), tubal ligation, endometriosis, tubal malignancy, prior tubal pregnancies, and hysterectomy without salpingo-oophorectomy (2). PID is the most common cause, usually resulting from prior sexually transmitted diseases such as those due to Chlamydia trachomatis or Neisseria gonorrhoeae, resulting in severe inflammatory processes, obstructing the distal end of the tube (1,3).

Case Report

A 37-year-old woman with a history of a partial hysterectomy 10 years back was referred to the gynecology department. She had been experiencing pain in her left abdomen for a month; it was a non-radiating and dragging type of pain. She has also had white discharge per vaginum (on & off) for one month, burning micturition, and back pain for two months.

On physical examination, the patient’s abdomen was tender and distended. Profuse mucoid discharge was seen on speculum examination. The complete blood picture revealed an increased white blood cell (WBC) count. An ultrasound examination of the pelvis and abdomen was performed. The left ovary was not visualized because of the cystic structure with septation noted in the left adnexa. Upon further evaluation, this anechoic, cystic mass

appeared to be a tubular structure with incomplete internal septation noted in adnexa, which confirmed the diagnosis of left-sided hydrosalpinx. The patient was prescribed a course of antibiotics, the antibiotics were selected to treat both gram-positive and gram-negative bacteria. In addition to this, the patient was also given pain medication. The patient's symptoms resolved after a few days of treatment with antibiotics. The ultrasound examination showed that the hydrosalpinx had decreased in size. The patient was discharged from the hospital and continued to take antibiotics.

DISCUSSION

“Hydrosalpinx is defined as a collection of fluid in the fallopian tube.” It is most frequently caused by infection, such as PID. However, it can also be caused by other factors, such as endometriosis or pelvic surgery. Bilateral or unilateral illness may be present, depending on the causes of the hydrosalpinx. In contrast with unilateral hydrosalpinx, which may be caused by an occluded fallopian tube as a result of pelvic adhesion or previous surgery, bilateral hydrosalpinx is often caused by some form of pelvic infection (4). Hydrosalpinx can occur in women of all ages, but it is more common in women who have had pelvic infections or inflammation. It is also more common in women who have had pelvic surgery. Post-operative hydrosalpinx is more common in patients who underwent ovarian-sparing hysterectomy and still have Fallopian tube tissue. The patient in this case had a partial hysterectomy ten years ago. This means that she no longer has a uterus, but she still has her fallopian tubes and ovaries. The hydrosalpinx in this case was likely caused by an infection that spread from the uterus to the fallopian tubes. Hydrosalpinx can cause a variety of symptoms, including pain, bloating, abnormal vaginal discharge, infertility, and an increased risk of ectopic pregnancy. The diagnosis of hydrosalpinx is usually made with an ultrasound examination.

The treatment for hydrosalpinx depends on the severity of the symptoms, the size of the hydrosalpinx, and the patient's desire for future fertility. In some cases, antibiotics can be used to treat mild hydrosalpinx. However, more severe cases may require surgery to treat the affected fallopian tube. Surgical options for treating hydrosalpinx may include “salpingectomy,” where the fallopian tube is removed, or “salpingostomy,” which creates an opening in the fallopian tube (5). In this case, the patient's hydrosalpinx was due to infection, and symptoms resolved after a course of antibiotics. The antibiotics were effective in treating the infection and reducing the size of the hydrosalpinx. She was followed up by her doctor, and she did not experience any further pain or complications. The majority of the literature at the moment deals with studies on the effects of infection-related hydrosalpinx on pregnancy rates. There is, however, little information on the relationship between hydrosalpinx in patients who have previously undergone partial hysterectomy. This case highlights a potential link between a previous partial hysterectomy and hydrosalpinx.

CONCLUSION

The information provided in this case report expands our understanding of the hydrosalpinx condition and its diagnosis and management. It also emphasizes the significance of including hydrosalpinx in the differential diagnosis of women with pelvic pain, even if they have a history of partial hysterectomy. This case report illustrates that hydrosalpinx is a common condition in women who had a previous partial hysterectomy. Antibiotic

therapy can be an effective treatment option for hydrosalpinx in mild cases. However, it is important to note that antibiotic therapy is not always effective, and surgery may be necessary in severe cases.

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